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YALE MEDICINE

ALUMNI BULLETIN OF THE SCHOOL OF MEDICINE / WINTER 1970



COVER Moon landing in the lounge of Edward S. Harkness Memorial Hall. The theme of the 1969 Aesculapian Frolic on December 13 was illustrated by a model of the lunar landing craft bearing a sign, "We Came In Peace — Class of 1973." This year the first-year class, sponsors of the traditional winter dance, elected to contribute the proceeds from the event to Citizens Against Lead, a community organization concerned with the detection and prevention of lead paint poisoning

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The University and the Community

Following are excerpts from the Alan Gregg Lecture delivered by Yale President Kingman Brewster, Jr., at the Association of American Medical Colleges meeting in Cincinnati, November 1, 1969.

We need a way of thinking about the role of the university in the community which gives us some self confidence to decide what to do and what not to do. Otherwise the stick of pressure and the carrot of restricted funds may goad us into a course which would not serve well either the university or the community.

☐ I think there are two ground rules for deciding what to take on and what to turn down. First, we should not take on activities we are not particularly good at. Second, we should not take on activities, even if we are as well equipped as the next person to do them, if by so doing we would undercut or dilute or distract or distort what we are best at.

In general, universities are not very good managers. The whole university tradition in this country is against executive hierarchy and authority and discipline. Even that distinctive combination of feudalism and craft unionism which has traditionally characterized the medical "chair" is being slowly overtaken by the ever accelerating rate of intellectual obsolescence and by student pressure for reform.

So, instinct number one is for me to shy away from any proposal which supposes that the university, through its faculty, is going to assume the responsibility for running programs, organizations, or activities which require the tough skills and hard-nosed temperament of a top sergeant, businessman, or bureaucrat.

☐ We cannot be a sanctuary from the living society, however, for those who practice, teach or aspire to the socially useful professions.

Exposure to the human and social condition, and apprenticeship to those who are struggling to improve it, is an essential part of professional education. Fortunately, the students are demanding that they have a chance to study and experience the technical problem in its human context, and the human problem in its social context.

Ethical sensitivity, as well as professional competence, demand that we show much, much more ingenuity in meeting this demand, whether in education for law, practical theology, urban studies, or the health professions.

☐ There are also reasons of institutional propriety which should give us pause when the university is asked to own or manage an enterprise designed to perform a community service. No matter how useful it is for the training of students or for the problems it offers for study and research,



President Brewster

the management of a community service activity involves obligations which are at least different from, and may, on occasion, be adversary to, the interests of the academy.

Our trusteeship, after all, is the use of resources given to us by friends, strangers, the civil state, or paid by students, in order to enable us to pursue the search for truth and to encourage others to share in that pursuit. At its best this trusteeship, embodied in a lay board, is the academic community's best protection against coercive intrusion by outside interests which might seek to rig the search for truth. The Board of Trustees is also the society's best protection against the abuse of academic freedom for non-academic ends by students or by faculty.

The whole genius of trusteeship is that it is not a "legislature" with "constituents", internal or external. It is concerned only that the original understanding which chartered the institution shall be faithfully adhered to, as free as possible from the pressure to conform to the dictates of political, or other passing pressures.

☐ In the case of a state university, the community pressures can often be translated into political pressure which bears upon the magnitude of legislative support for the university budget. Political pressure from the ghetto neighborhoods in New Haven upon my institution, however, is likely to fall on politically deaf ears in Hartford, which is not in the habit of supporting Yale. The same neighborhood pressure will also fall on financially deaf ears among my out of town alumni, who are not in the habit of supporting New Haven.

So far what I have said comes down to the notion that — one — we do not have the competence to take the responsibility for community service enterprises on a large scale.

Two—if we were to do so we would perform our principal task less well. Three—it might even put impossible strains on our unique structure of university trusteeship, and—four, and finally—in the case of private universities at least, there is a basic misfit between community needs and the sources of our principal support.

□ All of this sounds defensive. It is. But I would argue also with real conviction that society, too, will be better served if we continue to limit our proprietary responsibility to our principal task of discovery, conservation, and transmission of knowledge.

If society tries to use the university as the vehicle for the current, operational solution of community problems, it may well sacrifice the one institution whose research and teaching is essential to the long range, fundamental solution of these same problems.

First, then, among the social losses, is the gross misallocation of potential which would be involved in any massive assumption by universities of community service management.

The second social danger is the risk of false expectation and real misgiving, if universities were to take responsibility for the operational solution of community ills.

□ The third and final social loss which would follow from excessive reliance upon universities to shoulder the main burden of community development in the professions is the simple fact that it would encourage politicians to pass the buck to us and shirk their true responsibility to see to it that public, community institutions are created which are equal to the people's needs.

□ At local, state, and federal level my simple message is: it is high time for the public agencies of the society to pull up their socks so that the universities can go back to work, and try to break the bottlenecks of medical science, health manpower, and health delivery design.

□ But the very fact that there are social needs which outstretch our reach and grasp means that we do have responsibility which extends beyond our traditional institutional role. First, we as scientists, social scientists, and educators in the public professions have a responsibility for inventing and innovating in the design of new institutions, better fitted to meet community needs than we ourselves are. Second, we have a responsibility for advocacy.

In the area of institutional design and innovation we must rise to the challenge of the need for neighborhood, community, metropolitan institutions which are more humanly responsive than traditional political bureaucracies, and more locally rooted in the communities they serve than are the traditional professional service organizations.

□ The challenge to the social scientific disciplines and professions is to design such structures. They will do well to draw on all the trials, errors, and successes in the history which is longest in the experience of public health and medical institutions.

Turning to our second task, advocacy, we—the students, the faculty, yes, even the administration—cannot duck the responsibility for the advocacy of public programs which we as professionals know must be undertaken. Our obligation as advocates cannot be limited by our awareness that the social needs can never be adequately met by the university itself.

□ Precisely because the university cannot cure the health deficit, precisely because it cannot cure the housing and employment deficit, or the welfare deficit, the professional school has a responsibility as an institutional citizen to put its full weight behind the demand that city, state, and nation shall create and finance institutions adequate to the community needs. Precisely because we are protected from pressures to conformity, much much more is demanded from us than can be expected from professional associations.

Professionals, no matter how academic, must live up to the expectation of their lay constituency and take a lead in championing the society's needs. Their citizen concern extends way beyond the immediate capacities and activities of the university. Administrators, yes, even college presidents, cannot withdraw from the public and legislative forums in which social policy concerning professional care is debated. Students, especially, should be encouraged to persist in their agitation for more adequate public response to community needs.

□ To extend ourselves way beyond our unique role of teaching and research, however, would be to do less well than for which we are best fitted. At the same time to shrink from advocacy of society's needs would be to shirk our responsibility as professionals and as citizens. So whatever our inherent limitations and the consequent limits they set on our appropriate community undertakings, as individuals and especially as professionals we can no longer fail to be advocates of social needs and priorities and policies which may well go far beyond our own university operations. The scope of our advocacy can no longer be limited by the scope of our academic pursuits.

It is specially appropriate to the memory of Alan Gregg that we here should rededicate ourselves not only to our academic task, but to the advocacy of the people's needs and the design and building of institutions adequate to meet them.

Research in Molecular Biology

A new Department of Molecular Biophysics and Biochemistry was established at Yale last year to promote the interaction between advanced research in the biological sciences and the development of clinical techniques in medicine. It brought together two disciplines that were previously in separate departments.

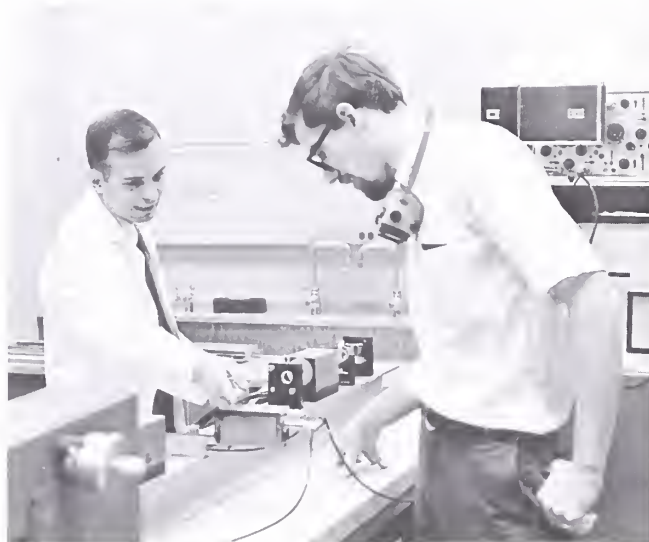
The former Department of Biochemistry at the medical school was one of the oldest in the country, having been founded in 1875 as the Department of Physiological Chemistry. The former Department of Molecular Biophysics was part of the Yale Faculty of Arts and Sciences and grew out of the Department of Physics shortly after World War II. Initially, its principal concern was with the biological effects of ionizing radiation, but its interests were later broadened to include programs in genetics, viral and molecular structure, and biophysical chemistry.

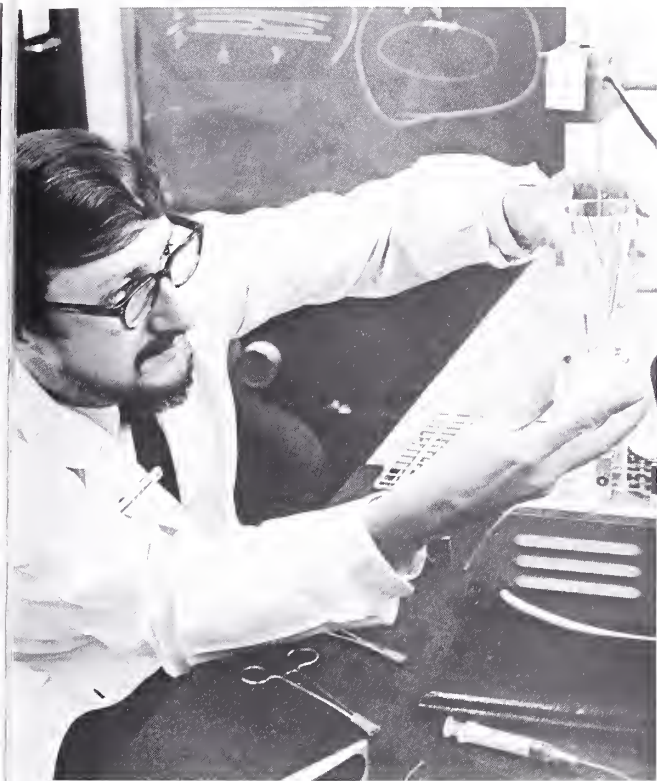
In the past decade, with the enormous proliferation of knowledge in the biological sciences, departmental lines have become more and more arbitrary. It has been especially difficult to draw any intellectually meaningful boundaries for molecular biology, which now pervades the entire field. Thus, the joining of Molecular Biophysics and Biochemistry in one department brings together investigators whose studies range from questions of theoretical physics and chemistry to problems of clinical medicine. While the new department does not represent all the teaching and research at Yale that would properly be classified as molecular biology, it constitutes the major single component of the total effort. Some of the lines of research being pursued in the new department are illustrated here.



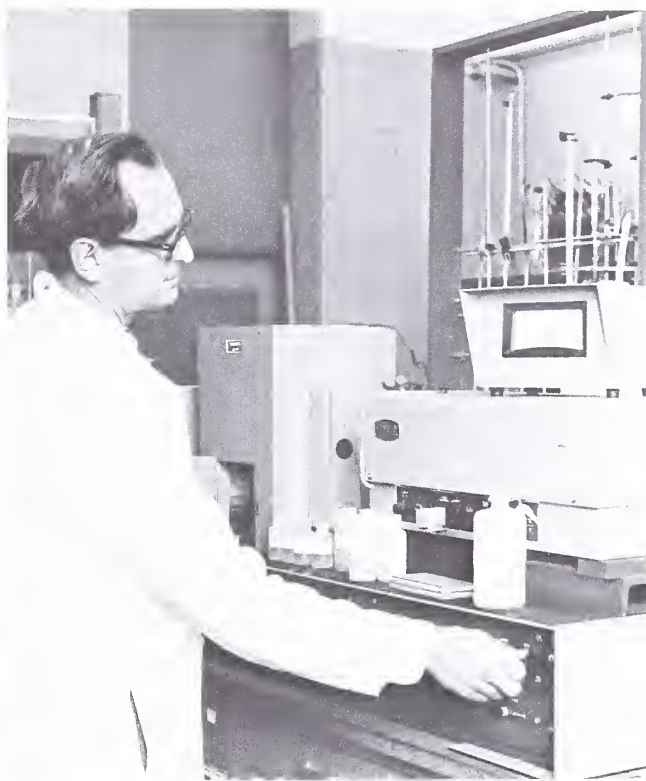
Above right: Dr. Frederic M. Richards, chairman of the Department of Molecular Biophysics and Biochemistry, adjusts an atomic model representing one molecule of ribonuclease-s, a modified enzyme from the bovine pancreas. The three-dimensional structure has a magnification factor of 200 million and was worked out by techniques of x-ray crystallography. Dr. Richards is Henry Ford II Professor of Molecular Biophysics and Biochemistry.

Right: Dr. Lubert Stryer, (left) professor of molecular biophysics and biochemistry, studies antibody molecules in order to learn how antibodies interact with viruses. He and a graduate student, Sheldon York, are shown using a laser to initiate structural change in a molecule.





Above left: Dr. Charles M. Radding, associate professor of medicine, makes sucrose gradients to examine the interaction of DNA with an enzyme that is involved in genetic recombination.



Above right: Dr. Joseph E. Coleman, associate professor of biochemistry, studies metalloenzymes in his laboratory. Here he uses an atomic absorption spectrometer to detect and measure very small quantities of zinc in carbonic anhydrase, a red blood cell enzyme.

Right: Dr. Sherman M. Weissman, associate professor of medicine, studies the effects of SV40, an oncogenic virus, on the morphology of human cells in tissue culture.



The Case for First Year Summer Clerkships

One of the innovative aspects of Yale's new medical curriculum is the early introduction of the student to clinical medicine in the form of a six-week required clinical experience at the end of the first year.

This innovation was introduced to give the student an early, stimulating clinical experience and to emphasize the important role basic science plays in the practice of medicine. Major objectives were the development of confidence in his role as a physician and the opportunity to gain experience in the techniques of obtaining a good history and of doing a good physical examination. It was also hoped that these early clinical experiences would clearly illustrate the various relationships between the purveyor and the consumer of health care in a variety of clinical settings in different health facilities.

The students were given the option of selecting their own summer clinical programs, provided the programs met certain basic requirements. Any activity was acceptable if it brought the student into a clinical situation where patients were seeking and receiving medical care. In addition, the student was to have the opportunity of interviewing and examining the patient under the supervision of a qualified physician. While the student was allowed to have some degree of involvement in laboratory activities, operating-room techniques, or other aspects of service, it was required that at least 20 hours per week be devoted to the primary function of patient care.

Approximately half of the students selected one of the

programs made available by the medical school at the Yale-New Haven Hospital, or at a community hospital, or in one of a number of group practices throughout the country. The other half negotiated their own programs, affiliating with private practitioners, other university clinical services, or other health facilities.

Each student and his preceptor were asked to submit an evaluation of the program at the completion of the six-weeks' affiliation. The student was asked to comment on the role that the experience played in his medical education; the preceptor was asked to evaluate the student's ability to participate in a clinical program at this point in his medical education. There was unusual unanimity of opinion among both students and preceptors, all extolling the merits of the trial program.

The students felt that the early clinical experience significantly improved their appreciation of the relevance of basic science to clinical medicine. They also sensed that they had matured in the doctor role, no longer being afraid to introduce themselves as physicians or to interrogate a patient without quivering voice and shaking hand. They became aware of the diversity of the health delivery system and the variety of approaches of both practitioner and academician. The preceptors, stimulated perhaps by the challenge of having freshmen medical students under their aegis, felt the experience had been a rewarding one and that the students had been well prepared for their early clinical exposure. All who responded, requested that stu-



Apprenticeship with a private practitioner in plastic surgery brought student Felix Freshwater (left) into contact with patients for the first time. His preceptor was Dr. Marvin S. Arons of New Haven.

dents be assigned again to their clinical service.

Another aspect of the program involved gaining personal knowledge of the delivery of health care in facilities other than the traditional ward setting. The experience, dedication, and enthusiasm of those who opted for a clerkship with a private practitioner, those who chose health centers in urban or rural ghettos, or those who participated in medical care on Indian reservations are ample testimony to the achievement of this goal. In addition to such rewarding qualities as personal adaptation and awareness of cultural differences, other mature and subtle attributes became manifest. Students displayed both understanding and imagination in coping with the problems of educational deprivation on the part of their patients and in dealing with complicated cross-cultural relationships. Most impressive was the willingness and total commitment of the student in his first serious involvement in patient care to devote long hours to acquiring factual information to which he had not yet been exposed in the formal educational program.

Those who elected ward duty at university medical centers also commented with enthusiasm on their ability to assimilate skills, previously thought attainable only in third-year clerkships. Most frequently noted was the growth of self-confidence that developed side-by-side with the mastering of technical skills. With modest self esteem (supported by the preceptors' evaluations,) students enumerated such accomplishments as the ability to perform competent and complete physical examinations, to take relevant medical histories, and to draw blood samples and do suturing at a sophisticated level.

There were also important fringe benefits. An objective total view began to be manifest for some who came away from their summer experience with increased understanding of the functions of various medical personnel and enhanced awareness of the relationship between the physician and the community; introspective insights into the roles of the academic physician and his community counterpart; and an affirmation of how their personal six weeks of practice would serve to enhance future clinical experience. Unstated by most students, but implicit in their summer's experience, was the opportunity to judge the appropriateness of medicine as a career commitment and to improve their ability to begin selective judgment of their field and role in medicine.

Initially there had been some apprehension about the reception that might be given these young student doctors by members of the community being served. But there was no unfavorable reaction. The students were able to carry the role of apprentice physician with enough confidence and competence that their newness on the various services was not readily apparent to the consumers.



Three apprentice physicians who spent the summer working on various aspects of health care on the Indian reservations in Arizona and New Mexico reunite at the Edward S. Harkness dormitory. Dorothy Gohdes shares a summer memento, a Navajo sand painting, with Thomas Converse (left) and Robert Goodman.

Louis Batch did his apprenticeship at the Mary Imogene Bassett Hospital, a community facility in Cooperstown, New York. Working in the General Services Department, he saw patients for immediate treatment or referral to a particular service.



Comments from Student and Preceptor

Following are representative comments from both students and preceptors concerning some of the different kinds of clinical situations included in the first-year summer program.

Preceptor

Private practitioner

"... My thought was to use student as a 'junior associate.' He was treated and respected as such and his duties were appropriate to his academic, technical, and intellectual capabilities. Since I found him a brilliant boy, he was much more involved in activities than perhaps other students might have been. He was most eager to learn and was very interested in plastic surgery... I enjoyed it immensely and would hope that another medical student in the future might elect to come into this office for the summer..."

Group Practice

"... we were all tremendously impressed with (student's) fund of knowledge, his obvious eagerness, enthusiasm, and his dedicated and thoughtful approach to patients and their problems. I am certain that at the end of my freshman year, I was no match for him!... Everyone with whom he worked was impressed with him, and was most happy to have him participate in the various procedures... I would suggest that wherever possible, these clerkships be spent in a hospital setting with perhaps an opportunity for a few days to work in a private physician's office just to get the taste, the tempo, and some of the sense of frustration of a private practice..."

University Service

"(Student) was aggressively curious, interested and caught on quickly. He was very much interested in patients and concerned with their well-being. A very cooperative and hard-working student whose overall performance, even considering him in comparison with third-year students, was excellent..."

Community Hospital A

"... I was in favor of trying this type of exposure for a first year student... I had a feeling it would work. I did not feel that it would work as well as it apparently has. (Student's) knowledge of basic medicine seems good and he demonstrated his ability to translate this knowledge to practical applications... he was lacking in the way of the clinical world but it did not take him long to adapt to new techniques and procedures... His history and physicals were good for his state of student development. All of his work was carefully reviewed and constructively criticized..."

Community Hospital B

"... He participated actively in... aspects of the teaching program in the hospital and took it upon himself to take part in some obstetrical deliveries... He was not afraid to ask questions when the situation was unclear to him... I thought his preparation for this was good... This program of having first-year students participate in some form of clinical medicine at the end of their first year is an excellent one. We would welcome the opportunity to have other students here..."

Rural Community Health Center

"... (Student) worked closely with Dr. X in our clinic taking histories, examining patients, providing followup services in the home, participating in our seminars, and attending some of our planning meetings... was able to appreciate the role of the physician in a community health center, learned from first hand experience the difficulties of providing community health service to the rural poverty and increased his clinical knowledge... (Student) has been outstanding during his time here. He demonstrated an unusual initiative balanced with sensitivity to the patients and clinic needs. He has given unstintingly of his time and enthusiasm to his work. His desire to learn and perform a meaningful service served as a stimulant to all the staff. We hope that (he) will be able to spend more time with us."

Student

Private practitioner

"... my summer was extremely worthwhile... I followed Dr. X throughout his working day assisting on his operation in the morning, going on rounds with him in Memorial Unit, New Haven Unit and St. Raphael's, seeing patients with him in his office in the afternoon and on Saturday morning... My duties and responsibilities consisted of being first or second assistant on 28 major and 22 minor procedures ranging from those for head and neck cancer and congenital defects to those for hand and aesthetic surgery... Dr. X is wonderful to work with - he is extremely patient and very interested in teaching. He treats you like a colleague - not like a student - and willingly listens to advice and suggestions..."

Group Practice

"My teachers were of high quality, knowledgeable, and interested. I learned about not only physical diagnosis, but also group practice and outpatient medicine, and about coal miners... Both the scheduled and the more social events allowed me to begin to become acquainted with the facilities, organization, and most importantly, the people I worked with prior to actually starting..."

University Service

"... an interesting and most rewarding summer... the Department of Medicine seemed determined to make our experience as challenging, informative, and exciting as possible. From the interns up through the attendings, everyone seemed extremely willing to teach and interested in our problems. The opportunity to step into the shoes of a 'doctor' this early has provided me with new insight into the problems of medicine, both academic and social, and has picked up my lagging enthusiasm for preclinical science."

Community Hospital A

"... The first four weeks were spent on internal medicine service working directly with the resident and intern... Dr. X, lung specialist, gave me direct and individual attention regarding history and physicals... Over the whole period, patients were assigned to me for complete workups... I attended all attending rounds and most all work rounds... felt my preparation adequate to understand disease... mechanics of therapy often over my head... all staff friendly and eager to help me learn..."

Community Hospital B

"... As the only Black person in the whole town (pop. 2,500)... the psychological aspect... of the all-white environment and the excellence of (the) hospital are inseparable in considering the value of my summer for me... Except for a few doctors who fled New York City because of the 'undesirable' population make-up... I did not perceive the bias-condescension-paternalism that so often pervades black-white interactions. I was given every opportunity to observe, learn, and do as much as possible... some reactions that my Black presence in that white doctor's coat elicited have better prepared me psychologically for what I'll probably encounter occasionally during my clerkship at Yale-New Haven... Since most patients were treated in the General Services Department without referral, I was able to observe and participate in the treatment of a great variety of illnesses. I learned more during those four weeks than I had thought possible..."

Rural Community Health Center

"... while I was initially anxious to learn about 'medicine'... I am beginning to realize that the field of medicine goes much further than I had imagined. The poverty here is incredible... The importance of clean water is something I had never really considered before... originally I would run from patient to patient with black bag in hand, I have begun to stop and talk with the patients who are really people, not patients... The important future in medicine is not in developing a cure for a rare disease but in delivering comprehensive care... Medicine is about information and understanding... The priorities... of the community must be the first consideration in community medicine..."

Hospital in England

" . . . Throughout his period of studies (student) undertook the care and treatment of patients along with our first year clinical students. Apart from his own allocation of patients, he was involved in ward and out-patient teaching . . . (he) appeared to us to be a keen and very bright student who involved himself fully in all the academic activities here as well as profiting by contact with his British counterparts. We were very pleased to have him."

Indian Reservation Service

" . . . On the basis of our present experience, it would seem appropriate to continue to develop the clinical and study phases of this program. Because of its popularity . . . and the great number of possibilities for continued innovations in educational design, it is recommended that the program be increased in size, if additional funding can be arranged."

Evaluation of the Program

Based on the overwhelming endorsement of the program by those who responded, it is fair to say that the program was a success. To varying degrees, in each of the clinical clerkships, one or all of the stated goals have been accomplished.

Those responsible for teaching the basic sciences in the second year to students who completed their summer clinical experience are well aware of the increased level of sophistication among this group compared to those who previously studied with the same faculty. The students indicate that their most frequent complaint - the need for relevance - has been more than adequately resolved by this early experience, demonstrating to them in a very forceful way that a knowledge of basic science is, indeed, a necessary prerequisite to clinical competence.

Let it be assumed that the program had no real defects, one observation should be recorded. For a few of the students, the excitement, the challenge, and the stimulation of early clinical experience has whetted their appetites for increased clinical work and has, perhaps in a naive way, diminished their enthusiasm for the study of basic science. Their requests for increasing numbers of clinical correlations, clinical rounds, and other experiences that bring them in contact with patients, reflect their impatience with the return to basic science and the consequent delay before they go on to their clinical clerkships. While this may be looked upon as a defect of the new program, it applies to relatively few students and the majority are willing to return to the study of basic sciences.

The fundamental assumption of the new curriculum is that neither basic science nor clinical medicine is a necessary prerequisite - one to the other - and that a program that puts all of the basic science prerequisite to clinical medicine, or the reverse, is fundamentally wrong. The present program allows students to study basic science during their first year, have a summer clinical experience, return to basic science in their second year, and go on to clinical clerkships in the latter half of the second and early part of the third year. Then, during the multiple track period in

Hospital in England

" . . . not only did I get a taste of both surgery and medicine but I got to see how the English practice both fields and how the English medical educational system functions in comparison with ours . . . I was very impressed with the ward teaching rounds . . . conducted just for the students' benefit and . . . always on the level of the students rather than on that of the interns and residents . . . "

Indian Reservation Service

" . . . The summer gave me an insight into clinical medicine as practiced by the Public Health Service; problems and practices of a small, non-specialized general hospital; special medical problems of the Navajo population; . . . epidemiology and preventive medicine as meaningful factors in the provision of health care; and a bit of the cross-cultural differences between the Navajo and Anglo societies . . . "

the last year and a half of their study, students may undertake balanced programs that will provide both advanced basic science and sophisticated clinical experience. Perhaps the ultimate achievement of relevance will be the coordinated and simultaneous study of both clinical and basic science.

The enthusiasm of the preceptors is worthy of comment. There were two types of preceptors involved in this program: those who have had constant involvement in the teaching of medical students at an advanced level and those who are ordinarily not involved in the teaching of students. If only those preceptors who had not previously taught medical students had been enthusiastic in support of this program, it might be interpreted as a reflection of their desire to become involved in teaching, and this might have slanted their objective evaluation of the program. However, those who are constantly involved in teaching programs with medical students were equally enthusiastic about the program. This seems to indicate that a vast untapped resource of medical educators exists in this country, men and women who can play a significant role in the process of educating the medical student. The summer experience has demonstrated not only that they have the capacity to contribute significantly to the medical curriculum, but that they are enthusiastic in their willingness to contribute the time and effort necessary to develop exciting educational programs. This message should not go unheeded, especially at a time when the demand for more medical students to respond to the growing need for physicians is being assessed by medical schools and the federal government. The limitation of clinical facilities within the medical center should no longer be looked upon as a justification for limiting the number of students, since adequate clinical experience can be readily obtained in a variety of clinical settings from the potentially infinite resource of patients and supervisors throughout the country.

A New Professional Role

by Fred Hyde, '72



Thirteen medical students, including two from Yale, were among the more than one hundred law, medical, and engineering students who worked last summer for consumer "crusader" Ralph Nader in Washington, D.C.

The once solitary, seemingly eccentric Nader now has a large and growing number of people interested in his efforts to place public interest above commercial interests in the formulation of government policy. The students, chosen from more than one thousand applicants, were aided by five full-time project directors — four of whom are lawyers — who work year around in Nader's Center for Study of Responsive Law. The Center, located in an aging mansion just above DuPont Circle in Washington, is supported by grants from small foundations and the income from Nader's speaking and writing ventures. These sources also supported the students, whose work took place in administrative agencies, Congressional halls, and scattered libraries.

Beyond the summer projects and the burgeoning study center, however, Nader's ultimate goal is the restructuring of professional education and of professional careers, to foster training and work in environmental health, consumer protection, and occupational safety. Nader foresees the creation of a new kind of professional role, one which

emphasizes the duties of professionals as citizens to protect the public welfare, rather than one which uses professional training for private advancement and gain. He sees the professions as the most potentially effective force for meeting threats to the public health and environment. Law schools have shown some response to the spirit behind that vision. Several alumni of the "Nader Raiders" have been active in efforts to restructure law school curricula, and are attempting to carve careers for themselves and others in public interest law.

It is proper, however, to ask whether such activity is a legitimate use of medical training. Even when it is agreed that advocacy and political activity in the public interest are necessary and desirable, and that such advocacy may take place sporadically and on an *ad hoc* basis at present, are students trained in anatomy, pharmacology and physiology, however inexpertly, using their time and talents in the best possible manner when they investigate questions of public policy?

If such activity is legitimate, should it be left entirely to the particular personal interests and skills of some individuals in medicine, or should it be part of an optional experience offered, for example, in "tracking" programs of medical school study?

Many people now find their way into similar professional roles in planning and administration through personal interests and unique experiences. Many medical researchers, realizing the importance of their work to the public well being, sporadically attempt as individuals or through their professional societies to influence policy-making. And even professional societies occasionally reach the state of enlightened self interest in their lobbying activities. There are, then, people already active in medicine who are interested in serving in other than traditional roles, for other than fee for service rewards.

What Nader is doing is attempting to introduce the concept that medicine and public health are intimately related to politics and public life, and, just as law students and law schools are concerned with that public policy, medical students should have the opportunity offered by their medical schools to train for a specialty in health policies. Such people would be simultaneously concerned with investigation and analysis of public problems and the creation of a political constituency necessary for administrative and legislative reform.

Individual scientists and medical practitioners have found that it is difficult to penetrate the maze of laws, policy decisions, and bureaucracies at the federal, state, and local level that affect public health and well being. And who could conceive of the professional society today that would perform a thorough-going critique of govern-

ment functions? What society in the past has had the guts to question the forces acting on the performance of federal regulatory agencies, and to evaluate the structural and personnel changes that would enable such agencies to better perform their assigned jobs? What professional society has sought to understand the budgeting, personnel, and public information policies of administrative agencies, and to discuss critically how agency heads and personnel understand their responsibility to determine the effects of their actions on public interests? More often such societies function as part of the problem, rather than look for solutions.

Questions Of Public Policy

Traditional practitioners and teachers of medicine have got to ask themselves how a society can effectively treat coronary artery disease when the federal government cavalierly eliminates research funds that might have better determined the causes of that disease.

They must also ask themselves how a comprehensive attack on the cause and cure of cancer can take place in a country where literally thousands of untested and potentially carcinogenic additives are part of the diet of every man, woman and child.

They have got to ask how a country that spends more than \$60 billion annually for "health" has yet to develop a comprehensive policy to provide the volume and kind of medical manpower needed to serve all citizens.

They should wonder why a balanced formula diet for infants is recommended when the modified, branched-chain starches in those formulas are indigestible for a significant proportion of very young children.

They should wonder what new advance in trauma treatment and surgery can make up for the designed-in hazards of automobiles and countless other modern conveniences.

The technique Nader offers in meeting such questions is the creation of a climate of public policy formation in which the "public" is paramount, and the "public interest" is seen as something more than the mere collision of competing commercial interests. The trick is to make health political.

The next, and equally proper question is how the study of anatomy, pharmacology, and physiology enables one to interview members of federal regulatory agencies and to obtain information; to review Congressional hearings, government publications, and scientific literature bearing on public health problems; to talk to the right state, union and private standard-setting organizations and independent scientific authorities; and then to make the kind of recommendations which can be followed through advocacy, explanation and public promotion to enactment.

The organized interdisciplinary tracking program planned for the Yale School of Medicine might be a good place to begin a program which would deal as well with the mechanisms of the political world as it does with the mechanisms of the biological world. Public policy might form a small portion of all tracks and might be the major concern of one particular track aimed at the teaching of techniques, the communication of values, and the undertaking of particular problems in health politics.

The important question, of course, is whether the faculty and administration of a medical school is willing to commit scarce resources to such a political activity which is as devoted to the health of all people as any other medical specialty.

In the absence of formalized possibilities, students from all graduate disciplines—including medicine—will, nevertheless, continue to be attracted to Nader and a host of others who attempt to prod, wheedle, and push the government, industry, and universities into effective attacks on public health problems.

Mr. Hyde, who worked for Ralph Nader in Washington last summer, hopes to develop a career in medicine that will be relevant to public policy formation. A 1967 graduate of Yale College, he held a full-time job during his senior year as a reporter for the New Haven Register.



Daniel Turner of Bishopsgate: Yale's First M.D.

Daniel Turner received the first medical degree to be given by Yale College. In fact, his was the first medical degree, albeit honorary, to be conferred by any institution in the English colonies of North America. The year was 1723; the recipient, an Englishman who never had and never would set foot on this continent. And Turner's degree predated by 87 years the establishment of "The Medical Institution of Yale College." Yale itself had only been in existence since 1701.

The circumstances leading to this award, which Turner said he would consider as much an honor "as though it had been conferred by another university, though of greater note," extended far into the past. His motives, though not wholly commendable, if one may be allowed to judge from clues he left behind, were born of frustration, nurtured in hope, and become more understandable when viewed against the backdrop of conflict among practitioners in 17th and 18th century London.

Early Practitioners

From earliest times medicine and healing had been closely associated with the supernatural. The practice of medicine was bound up with superstitious rites and, beginning perhaps in the fifth century, limited by the tenets of the church. Early procedures were largely under the jurisdiction of monks who tended the bodies of men even as they tended their souls. Such surgery as was done was generally performed by servants who, in addition to shaving the heads and beards of their clerical masters (monks were forbidden to wear beards after 1029), learned from them how to dress wounds, how to bleed, and the merits and uses of salves and baths.

In 13th century London, the Barbers' Company was initially quasi-social and religious in function. Members and their wives came together for religious observances, for the funerals of deceased members, and for annual feasts. After the Lateran Council of 1215, Innocent III prohibited the clergy from performing any surgical operations, including the drawing of blood, it was only natural, then, that members of the Barbers' Company, which included barber-surgeons - men skilled in the use of sharp instruments - should assume these assignments. The barbers led a stable existence, maintaining homes and shops and taking on apprentices for training. In addition to barbering, wig-combing, and shaving, they quite commonly performed cauterization, cupping, the removal of stones, tooth-drawing, and other minor operations.

Also vying for such surgical practice as existed in London were a group of lay surgeons who had often learned whatever skills they possessed on the battlefield or at sea. Though few in number and limited in authority,



Daniel Turner in an engraving from life done in 1734 by J. Faber, jun.

they had formed an unincorporated Fellowship of Surgeons.

A third body ministering to the sick and diseased of London were the physicians. Many of these were graduates of Oxford or Cambridge and had done graduate work in Universities on the Continent. They had read for seven years the traditional Latin and Greek medical lore of the ancient scholars and, though the physicians' reading had little anatomical or pathological basis, they were considered and considered themselves of elevated status in the hierarchy of practitioners, ranking well above the surgeons who were, after all, mere artisans of human flesh. (The very word, *chirurgery*, or surgery, is from the Greek, meaning working with the hand.)

For the next hundred years, surgeons, barbers, and barber-surgeons jockeyed for position. Members of each group made applications to Parliament and to the reigning king for statutes of protection, for standards of practice, for overseers among their numbers to grant qualifying licenses, for rulings which would identify those practicing barbering and separate them from those practicing surgery. Acts of Parliament were passed and superseded by other acts.

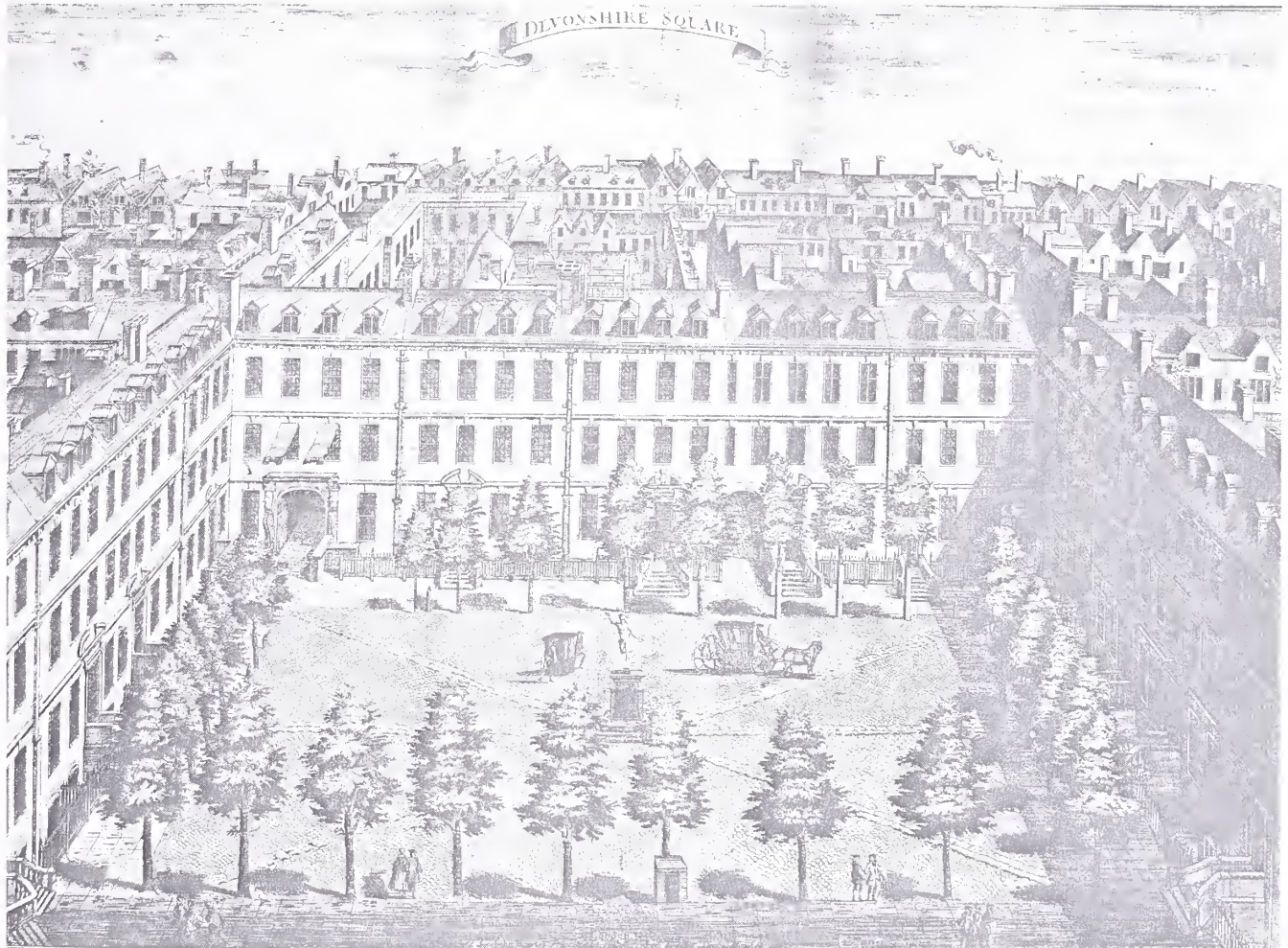
During the reign of Henry VIII, several disparate events and factors resulted in permanent changes in the practice of medicine and surgery. The development of crafts and a new working class brought more people into the City of

London with a consequent increase in the demand for barbery, surgery, and physick. The growth of the art of printing meant the dissemination of much that was new in scientific theory and practice, as well as a revival of the writings of the Greek and Roman masters. The spread of the use of gunpowder and England's new involvement in wars within and without her country brought new problems and new procedures in surgical practice. Anatomical observation, as initiated by Leonardo da Vinci and his contemporaries, began to replace accepted anatomical theories, and the systematic study of botany and a new interest in exploration stimulated the growth of a large and competing group - the apothecaries. The practice of medicine flourished, but so did quacks and mountebanks, peddling their charms, cures, and noxious remedies through the cities and towns of England. As London had no university or governing medical institution, there was

a constant overlapping of jurisdiction in treatment, the constant friction being exacerbated by the charlatans who infiltrated at all levels.

During Henry VIII's reign, both physicians and barber-surgeons were given charters of incorporation. In 1518, the King brought the College or Communality of the Faculty of Physicians of London into existence, with authority to license physicians in the City of London and for a circuit of seven miles beyond. A succession of acts during later reigns extended their privileges and responsibilities. In 1540, the Guild of Surgeons was joined to the Company of Barbers to form the Union of Barber-Surgeons Company. Sanctions included the institution of oral examinations, annual public dissections of the cadavers of four criminals in the Barber-Surgeon's Hall (hitherto dissection had been proscribed by law as well as by custom), and disciplinary powers over members and apprentices. Both groups were

Daniel Turner lived and practiced in a house on this square. Here, he dwelt with his wife, Elizabeth, and a son, Daniell (sic) who died on Christmas Eve of 1723 at the age of eight. The etching was done by Sutton Nichols in 1724



to enjoy all the rights and privileges granted previously to either separate company, but surgeons were not to exercise barbery or shaving. Barbers were forbidden to perform surgical operations, save for the drawing of teeth.

For the next century, both the physicians and the surgeons continued to exhibit serious concern for the governance of their professions and just as serious concern for any territorial encroachments on their respective vested rights.

Turner as Barber-Surgeon

This was the prevailing situation among medical practitioners when Daniel Turner was born in London in 1667. There seems to be no record of parents or of siblings or, indeed, any mention of his own early years. It is known that at the age of 17 he took a surgical apprenticeship under one Thomas Lichfeild for the customary seven years. The *Annals of the Barber-Surgeons* provides the information that this same Lichfeild was Warden of the Company of Barber-Surgeons from 1696 to 1698, Master of the Company in 1699, and expelled in disgrace in 1700 for irregularities in certifying surgeons as qualified for sea-service when they were not.

Teaching at Barber-Surgeon's Hall was accomplished by lecture, delivered by a distinguished surgeon or physician, and covered anatomy, some physiology, and surgery. Attendance was compulsory and, after the seven years' servitude, Turner, like other apprentices, was given an oral examination. He was found qualified in surgery, and was issued a license. Turner was now free to practice in and around London, and he made his home and his office in a house on Devonshire Square, Bishopsgate.

The first published medical papers with which his name is associated were two post-mortem dissections included in the *Philosophical Transactions* of the Royal Society for 1693. The Royal Society had been established in 1662 to disseminate findings in the natural sciences, to compensate for the stultifying content of university teaching, and to provide a medium for the exchange of knowledge throughout Europe. Turner and his former master, Lichfeild, are named at the end of the papers as "chyrurgeons in attendance" and it is quite possible that the descriptions are Turner's. In a small volume he published two years later, *Apologia Chyrgica*, he includes a generous dedication "to the most ingenious and truly learned Dr. Edward Tyson, one of the present censors of the College of Physicians," explaining his selection of Tyson because "I was rather encourag'd since you had so lately oblig'd me with a very kind acceptance of some loose papers I had by me which, upon your communicating, were by the Royal Society esteem'd not unworthy to be printed with their

Philosophical Transactions . . . " Tyson was an eminent physician who taught anatomy to physicians at the College of Physicians for many years. He was among the first of the anatomists to systematize and relate the observation of symptoms and the course of disease with the findings in autopsies, and may well have been one of Turner's professors.

Turner seems content with his profession in the United Barber-Surgeon Company, for *Apologia Chyrgica* is subtitled "A vindication of the noble art of chyrgurgery from the gross abuses offer'd thereunto by mountebanks, quacks, barbers, pretending bone-setters, with other ignorant undertakers wherein their fraudulent practices are plainly detected by several remarkable observations, their fair promises prov'd fictions, their administrations pernicious, their confident pretenses injurious and destructive to the welfare of the people." Throughout this work, he rails against the "empirical practitioner, the libelling quack" and resolves to do battle against the "resentments of malicious and deceitful men . . . by using my utmost diligence to suppress all base pretenders to our most noble art, and vindicating the same from their ignominy and reproach . . ."

Turner, who had good reason for sensitivity about the details of his own professional career, wrote to a fellow-surgeon" . . . It behooves us at all times and in all places to be very tender of each other's reputation . . ." Yet, paradoxically, it is Turner who described palmists as "some knavish people (who) do daily take upon them to tell fools their fortunes which is called the Art of Palmistry but should be rather that of picking pockets." As he became more unhappy and irritable that his lot had been cast with the barber-surgeons and his status consequently demeaned, he rants at length: "Another great cause for scandal . . . upon chyrgurgery and its true professors is the base and burthensome intrusion made thereon by the practise of a barber who by his title seems to cry halves with the chyrgurgeon, and bears as great a sway in the good opinion of ignorant people as the legal artist . . . It's almost a rarity to find one of their poles without a frame of porringers or some other signal of their pretensions to chyrgick practise . . ."

Of the bone-setter, says Turner, "I have endeavoured to inform you . . . how extremely ignorant this person shews himself and how absurdly ridiculous, when the real practise of bone-setting falls under his care . . . his pretence to the same is but a knavish contrivance to cheat men of their money and (as it often happens) to spoyle them of their limbs . . ."

On a certain female practitioner: " . . . Finally, mongst those who have scandaliz'd the practise of both of physick and chyrgurgery, I have most truly characteriz'd our City

Doctress . . . By the method of her proceedings, you may gain a foresight how serviceable she hath been to rid her country of some thousands of its inhabitants and to bring the most contemptible reflections on our art by the burthen-some encroachments she hath made thereon . . ."

At length his relationship to the union of barbers and surgeons was to become intolerable, for the *Annals of the Barber-Surgeons* records that on "16 August 1711 Mr. Daniell Turner, intending to become a 'Collegiate Physician,' applied for his discharge from the Freedom and Livery of the Company which was granted to him for £50, and that sum he at once paid down."

Four months later, he came before the President and a committee of censors and Fellows of the Royal College of Physicians for examination to obtain a physician's license. On December 22, 1711, he was admitted to the College as a Licentiate, a title which distinguished him from a Fellow or a Candidate (one who would move up at the time of a vacancy in the Fellowship).

Although admission to the Fellowship was Turner's ultimate desideratum, more than one contemporary commented on the dubious legitimacy of even his appointment as

Licentiate for, without an M.D. degree from any university, his questionable qualifications as well as this action of the college were unorthodox.

In 1714 Turner published *De Morbis Cutaneis*, a series of papers on skin diseases. Before its publication, he had applied to the College for its imprimatur, a sanction which had been necessary at one time for any book concerned with surgery or physick. The request was granted, which gave him the opportunity he may have sought once more to exhibit, through his dedication, a close relationship with the College. "It was my duty to offer . . . the first I publish'd since I came among you, by which I might convince you that you have given that privilege to no idle, and I hope, no useless person."

His next publication, *The Modern Quack*, (1718), inveighed against those physicians who procured medical degrees from Scottish universities, a practice which had become common for several reasons, including the fact that the period for study was shorter, it was not necessary to take an oath in support of the Anglican Church (as was required at Cambridge and Oxford), and, finally, a degree could be obtained for around £20 if the applicant could

Hans Holbein's famous painting commemorates the granting of the charter by Henry VIII, joining surgeons and barbers into the United Company of Barber-Surgeons, which was accomplished by Act of Parliament in 1540. The King is portrayed handing the document to Thomas Vicary, the company's first Master. Others in the picture, which now hangs in London's Royal College of Surgeons, have been identified. It is said that Holbein died before finishing the work and members, to be sure of being represented at this historical moment, enlisted the services of another artist to paint in the remaining likenesses.



produce recommendations from a doctor. Having burned his bridges by these obloquies, Turner was forced to resort to some other source than a Scottish university for the qualification necessary to meet R.C.P. requirements.

It is not clear under what circumstances his path crossed that of Jeremiah Dummer, who was serving as Agent for Connecticut in London, with an extra-curricular interest in the development of a new Collegiate School in New Haven. Nor can anyone state with assurance which of the two men conjured up the idea of Turner's sending the newly founded academy some books and receiving in return a medical degree. There is a letter from Turner dated September 24, 1722: "To the truly cultured gentlemen, the President and College of the Academy of Yale in the colony of Connecticut in the province of New England." The letter offers several of his books and others from his library and closes with a postscript - but certainly no afterthought: "If your worship consider me worthy of the doctoral degree of Yale Academy and have the diploma sent to me, I shall receive it not only as a sign of your gratitude, but I shall consider it an honour as much as though it has been conferred by another university, though of greater note."

It would not be fair to say that Turner is remembered among medical historians only because of his curious application to Yale, but his bargain with Yale has attracted witticisms for years - chief among them the definition of M.D. as *multum donavit*. Despite a sizeable London practice, he wrote extensively; his detractors say, too much. William Wadd, in the 19th century, praised Turner for his translation of *De Morbo Gallico*, the treatise on syphilis

by Ulric von Hutten, published in 1519. Turner's *De Morbis Cutaneis*, a systematic and comprehensive text devoted to diseases of the skin (and cited previously) was the first medical text on the subject in any tongue, save Latin. In this volume, he included many examples of popular dermatological treatments which give insight into eighteenth century practice. Several medical historians consider him to be the founder of British dermatology.

Turner also left his mark on the pharmacopoeia. An ointment which he developed and named *Ceratum de Lapide Calaminari* appeared in the *London Pharmacopoeia* for over one hundred years and is listed to this day in the *U.S. National Formulary* (12th ed.) as Calamine Ointment or Turner's Cerate. This preparation, which in Turner's time, was made with unsalted butter, yellow wax, newly prepared olive oil, and calamine stone, has remained virtually unchanged except for the substitution of lanolin for the butter and yellow petrolatum for the oil. It is still indicated for external application in the treatment of some skin disorders.

In spite of his skill, his Yale degree, and his blandishments, Turner never was made a Fellow of the Royal College of Physicians. At the age of 74 he died where he had lived and practiced, and is buried in the parish church of St. Andrew and St. Mary at Wotton-at-Stone, Hertfordshire.

There is an ironic finale to Daniel Turner's long campaign to dissociate himself from the Barber's Company. The co-partnership of the barbers and surgeons was terminated five years after his death and each of the two groups went its separate way thereafter.



The Royal College of Physicians in London at the time Turner aspired to become a Fellow.

Library Benefactors Honored

A large group, including friends and Associates of the Yale Medical Library, gathered at the Historical Library on November 3 for ceremonies honoring the three founders and the donors of a fund in behalf of the library.

A plaque in appreciation of Drs. Harvey Cushing, John F. Fulton and Arnold C. Klebs - the three men who founded the library 21 years ago with volumes from their own libraries - was unveiled by Lucia P. Fulton, widow of Dr. Fulton. A second plaque, commemorating the Charles A. Coffin Memorial Fund, an endowment for the maintenance of the library, was unveiled by Barbara Childs Lawrence, Mr. Coffin's granddaughter. The memorial fund was established by the gifts of Alice Storrs Coffin and Starling Winston Childs in 1941.

Dr. Henry Merriman, chairman of the Associates, presided at the afternoon program which opened with brief greetings from Dr. Fredrick C. Redlich, dean of the School of Medicine; Rutherford D. Rogers, newly-installed University librarian; and Dr. William W. Walcott, chairman of the Board of Managers of the Charles A. Coffin Memorial Fund. An address on "The Medical Library: A Laboratory for Research," was presented by Dr. George Rosen, professor of the history of medicine and professor of epidemiology and public health.



Mrs. John F. Fulton was escorted by Stanley Truelson, librarian of the Yale Medical Library, at the unveiling of the plaque honoring her late husband and Drs. Cushing and Klebs.

Mrs. James Lawrence, granddaughter of Charles A. Coffin, unveiled the plaque commemorating the founders of the Charles A. Coffin Memorial Fund.



Dr. William W. Walcott, Dr. Henry Merriman, and Reuben A. Holden, secretary of the University, participated in the ceremonies.



A Career in Surgery, Gynecology & Reproductive Physiology



Faculty Profile: *John McLean Morris, M.D.,
John Slade Ely Professor of Gynecology*

Harvard Medical School where he received his M.D. degree in 1940.

Travel is ordinarily thought to be a professorial prerogative, but before he started his internship Jack Morris had crossed the Atlantic Ocean six times and the Pacific Ocean seven times. The summer after he completed medical school he joined the Fahnestock Expedition as doctor aboard a three-masted schooner sailing across the South Pacific. The expedition, sponsored by the American Museum of Natural History and the National Geographic Society, visited Samoa, Tonga, the Fiji Islands, Canton Reef, New Caledonia, and the Great Barrier Reef off Australia, collecting specimens for the striking bird groups now on exhibit in the Museum's Whitney Hall.

The expedition's itinerary was to have included the Solomons, Sumatra, Java, Timor, Celebes, and Zamboango, but the ship was wrecked on the southern end of the Great Barrier Reef and later sank. The crew members had to make their way home by whatever means they could find. Dr. Morris managed to get passage back from Sidney on a New Zealand troopship just in time to begin his surgical internship at the Massachusetts General Hospital. Pearl Harbor came one year later and in 1942 Dr. Morris was back in the Pacific, this time as a U.S. Navy medical officer.

His tour of duty in the following three years took him to nearly every island he had missed in peacetime voyages, including the Aleutians, New Guinea, the Solomon Islands, the Marianas, Marshalls, Admiralties, Philippines, and Okinawa. He also served in Korea and China and finally on the neurosurgical service at St. Alban's Naval Hospital

If you ask Dr. Morris to explain why he was born in Kuling, China, he will answer that it was because his mother happened to be there at the time. The suspicion that he is Chinese, however, is not founded on fact. A check of his direct ancestors reveals that they include John and Priscilla Alden of Plymouth, as well as John Morris, the first grantee of the New Haven Colony. Interestingly, his maternal grandmother was an Ely, possibly related to the Yale professor of medical theory and practice at the turn of the century, John Slade Ely, for whom the professorship recently awarded to Dr. Morris is named.

That he was born in the mountains above the Yangtze River is a fact, however. His father, DuBois S. Morris, a Presbyterian missionary, had gone out to China sixteen years earlier and helped in founding a mission station in Anhwei Province in central China, where he survived the Boxer rebellion, plague, typhus, cholera, bandits, and several revolutions.

Hair, then as now, had symbolic significance in revolution. Under the Manchu dynasty, all men — including Dr. Morris's father — wore queues. When China became a republic after the overthrow of the monarchy in 1911, the queues were cut off. But the country in which John McLean Morris spent most of his childhood retained the economic and cultural character of old China. For example, the mission station at Hwaiyuan, which served an area inhabited by approximately 40 million people, contained two hospitals: one for men, staffed by men only, the other for women, staffed entirely by women, as dictated by local custom.

The Morrises came home to New York City in 1928 so that their children could attend American schools. Jack Morris went to Hotchkiss and then on to Princeton where, among other activities, he was managing editor of the *Daily Princetonian*. He graduated *cum laude* and entered

*In China, expressing a
difference of opinion
at an early age.*



in New York before being discharged with the rank of lieutenant commander in 1945.

Returning to the Massachusetts General Hospital residency program was not easy, Dr. Morris recalls. "Fellows who had been medical students when I left were now senior to me, my pay amounted to \$83.33 a month, and every girl I had known had married." He endured these tribulations, however, and on completing his surgical training was offered a post as assistant to Joe V. Meigs, clinical professor of gynecology at Harvard and chief of the Gynecologic Service at Massachusetts General and Vincent Memorial Hospitals.

Dr. Meigs had been concerned about failures and injuries related to the use of radiation for treating cervical cancer, and had concentrated on improving surgical methods. Impressed during a trip abroad, with the work being done at the Radiumhemmet in Stockholm, he encouraged his associate to learn radiotherapy techniques, which at that time were better developed in Europe than in this country.

Early in 1951 Dr. Morris received a Damon Runyon Fellowship from the American Cancer Society to spend a year visiting clinics abroad. "The most important part of this trip," he states, "was that I got married the day before I left.

"I had grown up with the mistaken notion that a man was supposed to be able to support a wife before he married her. I didn't realize that doctors and medical students are really expected to marry people who can work to support them. I think the only reason Mimi married me was that she wanted a trip to Europe, and she didn't think she ought to go with me unless we were married. It was the best thing I ever did." His wife, formerly Marjorie Austin of Short Hills, New Jersey, was working for *The New Yorker* magazine at the time they met.

Radiotherapy Study Abroad

As an American Cancer Society Fellow, Dr. Morris spent a year with Hans Kottmeier at the Radiumhemmet in Stockholm and visited other clinics on the continent and the British Isles, learning radiotherapy techniques, operating, and carrying out research on the effect of radiation on DNA and RNA synthesis. What impressed him most was seeing at first-hand what could be accomplished with good radiation therapy. In the 1940's a large number of cases were treated by radiotherapy in Boston — at the Massachusetts General, Huntington Memorial, Pondville, and the New England Deaconess Hospitals — with better equipment than most of the European clinics had. Supervoltage equipment developed by van de Graff and Trump at M.I.T. was being used as early as 1937. Dr. Morris had evaluated

and reported on some 2,000 cases of cervical cancer treated by radiotherapy. The cure rates proved to be equivalent to those at most other institutions in the United States, but the complication rates — largely because some of the dangers of supervoltage therapy were unknown — were so severe that Dr. Meigs and others had been driven to a renewed interest in the surgical approach.

But radical surgery proved to have its complications too, particularly urinary fistulas. At the Radiumhemmet, not only were cure rates slightly superior to those in Boston, but fistulas and serious injuries were almost non-existent. "Of the 6,000 patients treated up to the time of my visit there, only one had required a colostomy. Returning on the *Queen Elizabeth* in 1952, I realized that if my wife developed cervical cancer, I would turn around and go back to Stockholm to have her treated."

The Massachusetts General Hospital was not prepared to establish that kind of treatment center when Dr. Morris came back hoping to apply the lessons of his experience abroad. But Dr. Hugh Long, then dean of the Yale School of Medicine, and Dr. Gustaf Lindskog, professor of surgery, were very much interested in such a program, and Robert S. Hunter (B.S. Yale 1911) had made funds available to appoint a man with a special interest in gynecologic cancer to the faculty. In 1952 Dr. Morris became associate professor of gynecology, and plans were begun to set up a radiation therapy center at Yale similar to those in Europe.

His new appointment was in the Department of Obstetrics and Gynecology, and Dr. Morris found it quite a change from a department of surgery. At Harvard, Johns Hopkins, and a number of other schools in the United States, gynecology was at that time a separate department, but closely related to the department of surgery in that most gynecologic staff members had full surgical training. Obstetrics was also a separate department, more closely related to pediatrics and medicine.

The fusion at most schools of obstetrics and gynecology in a single department - a result of pressure from the specialty boards - has given rise to serious concern on Dr. Morris's part about the level of gynecologic surgery now being taught and practiced. He points out that the only board-qualified surgeon in the United States who can open the abdomen without a minimum of four years surgical training is the obstetrician-gynecologist, whose requirement is only one and a half years. "It must be concluded that gynecologic surgery is much easier than other surgery, or that this requirement is too short to achieve real competence. It seems obvious that anyone operating on the lower abdomen must be trained to do lower abdominal surgery. The specialty boards are recognizing this, and I think that within the very near future subspecialization will be set up in ob-

stetrics and gynecology, particularly in gynecologic surgery and oncology."

Supporter and Critic

Dr. Morris was promoted to full professor in 1961. Today, after 18 years at Yale, he continues to believe that this medical school has many exciting but undeveloped potentials. Over the course of his association with it, he has also been among the school's more outspoken critics. "I am inclined to agree with Bert Dunphy, professor of surgery at California, when he summed up what he considered to be the real troubles with medical education. He said, 'They are four in number: first, the preclinical scientist is being taken away from the student; second, the strict full-time system is taking the clinical faculty away from the patient; third, the pressures of administration are taking the heads of departments away from students, patients, and laboratories; finally jet travel is taking everybody away from everybody else!'"

One of Dr. Morris's major concerns is what he describes as a lack of faculty interest in patient care. He points out that while most medical students end up practicing medicine, only a handful of the faculty have ever engaged in private practice and have first-hand experience with the problems of practice.

"During my interviews for a position here," he recalls, "I found it hard to believe when two members of the committee told me that 'patients are a nuisance.' I had thought that patients were the reason for medicine. It's no secret that faculty advancement and recognition come far more rapidly in the laboratory than at the bedside, and seeing more than a minimum of patients has in the past been a serious handicap to professional advancement. Good clinicians who can do really top-grade basic research are few and far between. Either the research is second-rate from a scientific viewpoint, or the doctor is not a very good clinician because he doesn't spend enough time in the clinic, ward, or operating room to practice well."

It is not surprising that Dr. Morris is one of the strongest faculty supporters of the medical school's recently initiated system of an incentive plan for clinical practice. "Incentive rewards can make a lot of difference in one's attitude," he says. "Without them, a medical faculty member is paid just as much for playing golf, drinking cocktails, or flying to San Francisco as for working in the operating room in the middle of the night."

In view of the needs of students for an understanding of the problems of private practice, he believes that the line between town and gown is much too sharp. "The clinical faculty and those practicing in the community are often treated as second-class citizens and not used nearly to

Dr. Morris and Dr. Gertrude van Wagenen study charted data from their reproductive physiology program. Dr. van Wagenen is responsible for the development of Yale's outstanding monkey breeding colony.



Dr. Morris puts into practice his advocacy of greater faculty interest in patient care.



the extent they could be in the teaching program." It is through Dr. Morris's insistence that many of the attending physicians on the university service in the Department of Obstetrics and Gynecology are chosen from the part-time faculty. It is his feeling that the teaching process is a two-way affair that serves as education both for the attending physician — thereby improving the level of practice in the community — and for the resident staff and students.

He is also concerned about the lack of continuity of the faculty and points out that he has been at the Yale School of Medicine longer than any of the present departmental chairmen and more than 90 per cent of the clinical faculty. "In the 12 years that I was associated with the Massachusetts General Hospital, I was one of the very few who decided to leave while holding a staff appointment. It is gratifying to see an individual move to an advanced post elsewhere, but sometimes we lose our best people and keep those who are just not offered outside jobs." In this connection, he adds, "There are good reasons for believing that the present tenure system is wrong, but the decision-making body in every university is composed of tenured professors, which is why nothing is ever done about it."

Staff members in the Department of Obstetrics and Gynecology who work closely with John Morris know that he runs up quite an electric bill. Long after most of the lights are out on Farnam III Dr. Morris will be there, perhaps just returned from surgery and still in scrub clothes with an O.R. mask hanging below his chin as he studies an x-ray or talks with a concerned resident about a difficult gynecological problem. According to his wife, he is never home before seven o'clock on six evenings of the week, and then he brings home a briefcase full of work to do after dinner.

Although he rarely has time to practice it, he is aware of the art of relaxation. His lunch usually consists of a sandwich eaten at his desk while he discusses problems or dictates letters, but on occasion he may imply that he is on his way to a luncheon engagement when actually he is going across town to Ingalls Rink, where he plays faculty hockey, "enthusiastically, but not very well," according to his own confession. He has done a lot of both fresh and salt-water sailing and enjoys snow and water skiing, but since he broke his knee cap in a snow bank in the Sierras three years ago, "old creaky joints has had to be more careful."

For quieter recreation, he likes music and he dabbles at painting. He used to play the cello but found it too big to carry around, so he shifted to the piano, which he does not try to carry around. Although his tennis game has deteriorated since he came to New Haven, he used to play regularly

and fell in love with his wife on a squash court. He is pleased with the fact that when he goes to Canada in the summer he can handle a canoe better than any of his children and can show them the differences between Ojibway and Algonquin styles of paddling.

Much of his spare time is spent working in his garden and around his swimming pool at his Woodbridge home, which houses some lovely objects from his father's collection of ancient Chinese art — in addition to the Morris' five attractive children, "who, fortunately, take after their beautiful mother," Dr. Morris observes. Marjorie, the eldest, is a student at Kent School for Girls. Christina, the second, led her class at Farmington last year — "her lowest mark was an A minus," says her father with appropriate awe. Connie is at Day-Prospect Hill School, Bobby at Hopkins, and Gigi at Beecher Road School in Woodbridge. His children say he is one of the few fathers they know who has bridged the generation gap.

Outstanding Clinician Turned Scientist

Dr. Morris's career has embraced surgery, gynecology, oncology, and reproductive physiology. Recognized as an outstanding clinician he has also made major research contributions. These include a radium technique devised in collaboration with Dr. Chu Chang, who is presently at Columbia University, for treating cancer of the cervix. In an effort to reduce complications from radiation therapy, he was the first person in the eastern United States to employ a scintillation counter for rectal and bladder readings in radium applications. The rate of complications from radiation therapy has been lower at Yale than those reported from most other centers in this country.

In another area of study, Dr. Morris first called attention to the syndrome of "testicular feminization," a syndrome of a completely feminized individual with testes, with which his name was associated in 1953. He subsequently showed, with Dr. Virenda Mahesh and Dr. Nathan Kase, that the gonads of these individuals were capable of producing large quantities of androgen and that the syndrome was actually one of androgen insensitivity. He has also devised a number of operative techniques, has made observations on factors altering radiation sensitivity of tumors, has studied the significance of ureteral reflex in urinary diversion procedures, and has written a book, with Dr. Robert Scully of the Massachusetts General Hospital, on the endocrine pathology of the ovary.

More recently Dr. Morris has acquired some notoriety and fame in the field of reproductive biology. Although he feels that his main contributions have been in gynecologic surgery and oncology, he is probably best known to the public for "the morning-after pill."

His work in postcoital contraception began in 1961. Dr. Gilles Hurteau, a fellow of the Canadian Cancer Society, was working with Dr. Morris at the time, investigating antitrophoblastic drugs. It seemed possible that these agents would be effective in interfering with normal development of the placenta, and indeed many of them proved very effective in some laboratory animals but were quite ineffective in monkeys.

Development of the study depended largely on Dr. Gertrude van Wagenen's primate colony and on her cooperation, without which it is doubtful whether any significant advances in the field could have been made. The agents could not have been tested on women who had been exposed to pregnancy without more preliminary work than studies performed in a rabbit.

As a result of investigations extending into 1966, a variety of estrogenic compounds were found to be effective in preventing implantation of the ovum during the six days between fertilization and normal implantation. In 1967, at the International Planned Parenthood Federation meeting in Santiago, Chile, Dr. Morris reported successful results of the first 100 tests in women. The method must be studied and tested in greater depth and cannot now be applied as a regular means of birth control, he explains, but the fact that a doctor can give any contraceptive compound to a woman after exposure to an unwanted pregnancy has very definite advantages.

In addition to his duties at Yale, Dr. Morris has served on the medical advisory committee of World Population-Planned Parenthood, as president of the New Haven Chapter of the American Cancer Society, as secretary-treasurer of the Society of Pelvic Surgeons, as a member of a scientific group on the development of fertility control for the World Health Organization in Geneva, and as consultant to a number of hospitals including the Walter Reed Hospital in Washington and the Gorgas Hospital in the Panama Canal Zone. He belongs to the prescribed quota of scientific societies, including fellowship in the College of Surgeons, the College of Obstetrics and Gynecology, and the American Gynecologic Society. During the 1966-67 academic year, he was visiting professor at Stanford University School of Medicine.

Dr. Morris believes that of the many problems the world faces today — war, disease, racism, drugs, poverty — by far the most critical is that of population growth. He maintains that it is the medical profession's responsibility, having lowered the death rates, to find ways for society to control birth rates. He is especially concerned that Yale involve itself actively in this effort, which he sees as essentially a two-part program. One part would deal with reproductive biology and the development of satisfactory

methods of conception control. There will not be a single answer to the problem, he says, but different cultures and different individuals will require different methods. The second part of the program would concern the public health aspect — information, education, and the delivery of conception control services, particularly in underprivileged and over-populated areas, as well as research in the motivations toward limiting family size.

"The crisis is already here for people in many parts of the world," he says. "In South America and Asia malnutrition and starvation are daily realities for many millions. In this country, overcrowding of urban areas, pollution problems, and disappearing natural resources are just becoming apparent. It took from the beginning of time until

the 1830's for man to reach a population of one billion. But with a billion people being added to the world's population in that next 15 years, a doubling of mankind by the end of the century, and an eightfold increase by 2070, living — as we now know it — will no longer exist. Archaic laws must be revised. Until Fowler Harper, Estelle Griswold, and Lee Buxton carried their fight to the Supreme Court, family planning was illegal in Connecticut. That was only five years ago. Restrictions on abortion, forcing women to have babies they do not want or cannot rear, must be removed. We have reached the point where doctors and medical institutions must take the initiative in crash programs of population control now if we are to offer future generations a future."

Kansas City Chiefs' scouts, please note: Jack and Mimi Morris and their five children practice touch football on the lawn of their Woodbridge home.



In and About Sterling Hall



Dr. Kligerman

Dr. Kligerman Named to Hunter Chair

Dr. Morton M. Kligerman, chairman of the Department of Radiology at Yale and a leading authority in the use of radiation therapy in cancer, has been named the first incumbent of the Robert E. Hunter Professorship of Radiology at Yale.

The new professorship honors Robert E. Hunter (B.S. Yale 1911) of Santa Barbara, California, whose contributions to the medical school in the 1950's made possible the construction of the Hunter Radiation Therapy Center. The center is named for Mr. Hunter's parents, the late Mr. and Mrs. Edward S. Hunter.

Dr. Kligerman has done extensive research on the effects of radiation on different types of living matter, on the use of radiation therapy in combination with chemicals, and on the mechanisms involved in recovery from radiation. His investigations also include the treatment of cancer through the use of radiation in combination with surgery.

Dr. Edward Storer Named Professor of Surgery

Dr. Edward H. Storer, an authority in the field of gastrointestinal physiology, has been appointed professor of surgery and chief of the Surgical Service at the West Haven Veterans Administration Hospital.

A native of Rockland, Maine, Dr. Storer comes to Yale from the University of Tennessee College of Medicine, where he held a joint appointment in

the Departments of Surgery and Physiology. He was also in charge of clinical cancer training and the surgical research laboratories at the University of Tennessee, and was co-director of the West Tennessee Cancer Clinic.

Dr. Storer graduated from the University of Chicago and took his medical degree there in 1945. He served his internship and residency at the University of Chicago Clinics and was chief resident in surgery at the University of Washington in 1951-52. Following three years as a clinical associate in surgery at the University of Washington, he was appointed to the University of Tennessee medical faculty in 1955.



Dr. Storer

The author of some 60 scientific papers, Dr. Storer was active in early experimental studies dealing with pyloroplasty and vagotomy as a surgical means for combatting peptic ulcer disease. In addition to his scientific achievements, he has been instrumental in developing the Regional Medical Program in Tennessee.

Honors and Awards to Faculty Members

Dr. Jordi Casals, professor of epidemiology, has received the 1969 Kimble Methodology Award of the American Public Health Association. The award, which honors major contributions and innovations in epidemiological procedures, was presented to Dr. Casals at the Conference of Public Health Laboratory Directors during the annual meeting of the American Public Health Association in Philadelphia in

November. Dr. Casals was selected for the award for his research in the development of many of the standard diagnostic and epidemiologic procedures used in the identification and classification of viruses.

Dr. William U. Gardner, E.K. Hunt Professor of Anatomy, received an honorary degree of Doctor of Medicine and Surgery from the Istituto di Anatomia e Istologia Patologica of the University of Perugia in Italy in June last year. In the fall, at the invitation of the Congressos Integrados de Cancerologia, Dr. Gardner traveled to Sao Paulo, Brazil, where he served as president of a conference on professional education. Participants included outstanding scientists from all parts of the world.

Dr. Lubert Stryer, professor of molecular biophysics and biochemistry, has been named recipient of the American Chemical Society's Award in Biological Chemistry. The award is being presented at the society's 159th national meeting in Houston this February.

Class Size Increased

The size of the entering class will be increased to 100 students beginning in September, 1970. The decision to increase the class size followed extensive discussions and an opinion poll that involved both faculty and students. Dean Redlich noted that the increase represents Yale's contribution to a national effort to augment physician manpower. "It will not change the school's standards," he said. "I believe it will not overburden the faculty or require vast resources which we do not possess. It will require additional aid from the government, which we hope to obtain."

Alumni in Medicine Campaign

Year-end generosity and the creation of three extraordinary testamentary plans combined to give the Alumni in Medicine Campaign some real thrust at the end of 1969. Dr. Leona Baumgartner, general chairman, announced that as of December 31, gifts and pled-

ges reached a total of \$2,215,677. Three major deferred giving arrangements, which must remain anonymous for the time being, triggered this success by adding almost \$900,000.

Through a continued effort to complete the follow-up with those Yale doctors who have promised to give, the goal of \$2.5 million will in all likelihood be exceeded shortly after the first quarter of 1970.

ter, delivered the major address at the plenary session of the American Psychoanalytic Association annual meeting in New York in December. He spoke on "Psychoanalysis as Science and Profession." Dr. Ritvo, who is the immediate past president of association, was introduced by the president-elect, Dr. Albert J. Solnit, professor of pediatrics and psychiatry and director of the Child Study Center.

close to five hundred medical and public health leaders from Argentina and other countries of South America was augmented by guests from England, Denmark, the Soviet Union, France, Italy, and the United States, who presented papers and served as panel discussants. The over-all title of the conference was "A Seminar on the Up-Dating of Planning, Financing, and Architecture for the Health Sector." Dr. Weinerman presented the opening paper in the planning section, speaking on methods of assessing needs and demands for health services.

Dr. Alvan R. Feinstein, professor of medicine and epidemiology, delivered the Roger S. Morris Memorial Lecture of the Cincinnati Society of Internal Medicine in October at the Cincinnati Academy of Medicine. His topic was "Clinical Judgment and Basic Science." He also served as visiting professor at the University of Cincinnati College of Medicine.

Dr. Vernon W. Lippard, dean emeritus and currently assistant to the president for medical development, has been traveling widely in his role as consultant to the Josiah Macy, Jr., Foundation and has met with numerous alumni working abroad. Last fall he visited medical schools in Peru and Jamaica, and he is scheduled to be in Italy this February. In March he begins a tour of medical schools in South and Central America that will take him to Brazil, Chile, Colombia, and Guatemala.

The sixth annual joint meeting of the Orthopedic Section of the New York Academy of Medicine and the Connecticut State Medical Society was held at the Mary S. Harkness Auditorium on November 10. About one hundred orthopedic surgeons and interested persons in allied fields participated in a series of lectures and discussions. Yale participants were Dr. Wayne O. Southwick, professor of orthopedic surgery, Dr. Alan H. Goodman, assistant clinical professor of orthopedic surgery, and Dr. Robert V.P. Hutter, professor of pathology.



Dr. and Mrs. Thomas R. Forbes received a gift of appreciation, presented by Dean Redlich, at a reception honoring Dr. Forbes on his retirement as associate dean. Following a semester's leave of absence in England, Dr. Forbes will resume his post as professor of anatomy.

Faculty Notes

Dean F. C. Redlich presented the opening lecture in the Lowell Institute Lecture Series for the current academic year. The series, sponsored by the Boston University Medical Center, is devoted this year to the topic "Doctors and People Talking." Dr. Redlich's talk on November 18 was videotaped and later carried by several educational television channels. It concerned the doctor-patient relationship with respect to explaining illness.

Dr. Richard H. Granger, associate professor of clinical pediatrics at the Child Study Center, headed the central policy committee of the recent White House Conference on Food, Nutrition, and Health. This was the committee that developed a strong, detailed statement of priorities — approved by the entire conference — calling for immediate emergency action by the President to prevent hunger, and for a guaranteed annual minimum cash income for the poor.

Dr. Samuel Ritvo, clinical professor of psychiatry in the Child Study Cen-

ter, chaired an interdisciplinary seminar entitled "Psychoanalytic Thoughts on Child Development." Also on the program, Dean Redlich chaired a discussion on psychoanalytic education in medical schools.

Dr. Edward F. Zigler, professor of psychology at the Child Study Center, has been elected to the board of directors of the Day Care and Child Development Council of America. One of the architects of the Head Start program, Dr. Zigler is active in several other national organizations including the executive board of the National Association of Retarded Children, the National Advisory Committee of the National Laboratory of Early Childhood Education, and he is a consultant to the Office of Child Development in the U.S. Department of Health, Education and Welfare.

Dr. E. Richard Weinerman, professor of public health and medicine, was the guest of the Argentinian Ministry of Health to participate in their first national conference held in Buenos Aires in October. An assemblage of

Dr. Raymond S. Duff, associate professor of pediatrics, participated in a series of three half-hour television programs in Washington, D.C., in January. The series, entitled "Hospitals and the Community," featured a panel which included, in addition to Dr. Duff, Dr. James Feffer, associate dean of George Washington University School of Medicine, and Dr. Martin Shargal of the Washington D.C. General Hospital.

In October Dr. Joseph McGuire, associate professor of medicine, participated in the 41st annual McGuire Lecture Series at the Medical College of Virginia in Richmond. He spoke on "The Role of Melanocyte Stimulating Hormone in Pigmentation." Dr. McGuire is not related to the late Dr. Stuart McGuire whose long service as professor of surgery, dean, and president of the Medical College of Virginia is honored in the lecture series.

Dr. Weed Remembered

The following letter was received by the editors of *Yale Medicine* following publication of the Fall, 1969, issue:

Yale Medicine arrived today and I have read quite a number of pages. The article on Tom Forbes is fine but I would like to have read a further reference to Dr. Weed on page 15. Dr. Weed was B.A. Yale 1908, M.A. 1909. After Tom was at Yale, Dr. Weed was elected a Successor Trustee (Fellow of the Yale Corporation) in 1947 and served until his death on December 21, 1952.

As you know, I am always in favor of reporting all Yale references.

Sincerely,

Lottie G. Bishop

New Books

PHYSICAL CONTROL OF THE MIND: TOWARD A PSYCHOCIVILIZED SOCIETY by Dr. José M.R. Delgado, professor of physiology (Harper and Row). Dr. Delgado has demonstrated unequivocally that dramatic changes in behavior can be caused by electrical stimulation of the brain. In this book he calls for the creation of a na-



Dr. William W. L. Glenn, professor of surgery, was named president-elect of the American Heart Association in November at a meeting of the organization's national delegate assembly in Dallas, Texas. Dr. Glenn will succeed to the presidency in November, 1970, and will be the first surgeon ever to hold that office.

tional agency to coordinate study of the brain and investigations into how mental activity may be scientifically manipulated.

One of the major aims of such an agency, according to Dr. Delgado, would be the establishment of a scientific foundation for the creation of a "psychocivilized society." Such a society, he says, would be based on a better understanding of mental activities which could liberate the mind from irrationality and help create personal freedom through intelligent choice.

In this book, Dr. Delgado places his own work in the context of other knowledge about the mind, and explores the ethical and social implications of his discoveries. Advances in the knowledge of brain physiology can, he believes, ultimately give man control over himself and civilization, and help in restoring the balance between man's physical and psychological evolution.

"We are civilized in our physical ecological accomplishments, but barbaric in our psychological responses," he writes. "Within some limits we can control atoms, trees, and animals, while we have not learned to control ourselves. New solutions are needed in order to civilize our psyche."

ADLER'S TEXTBOOK OF OPHTHALMOLOGY (New 8th Edition) by Dr. Harold G. Scheie, professor of ophthalmology, University of Pennsylvania School of Medicine, and Dr. Daniel M. Albert, assistant professor of ophthalmology at Yale (W.B. Saunders Company). The new edition is a completely revised version of this classic text, offering the most recent information on ocular changes in both normal and disease states. The contents have been rearranged and organized according to chapters on the basic sciences and specialized areas of ophthalmological practice. New chapters have been added on embryology, genetics and ophthalmology, neuro-ophthalmology, and ocular surgery. A chapter on pediatric ophthalmology brings widely scattered information into one convenient source. The new authors give the reader clear-cut guidance on recent breakthroughs in diagnostic and therapeutic techniques. More than 500 drawings, electron micrographs and x-rays, and full-color illustrations of eye diseases illustrate the text.

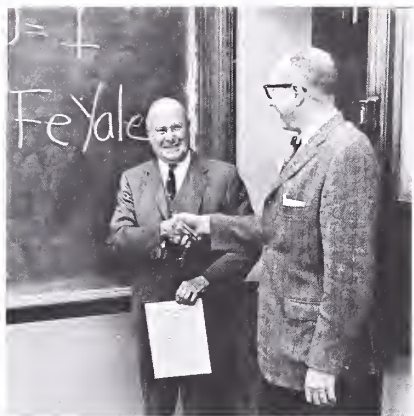
New Members Elected To Alpha Omega Alpha

The following members of the Class of 1970 have been elected to membership in Alpha Omega Alpha, medical honorary society: John W. Blanton, Michael J. Chusid, C. Norman Coleman, Anne McB. Curtis, Ronald T. Davis, Robert D. Gilbert, Thomas H. Gouge, Jay H. Hoofnagle, Roger A. Mason, James R. Missett, Bruce A. Reitz, Robert M. Rosa, Pedro J. Rosello, Ray C. Walker, Anne Weissman, and Robert S. Young.

Beeson Visiting Professor

Dr. William A. Tisdale, professor and chairman of the Department of Medicine at the University of Vermont College of Medicine, spoke at the Mary S. Harkness Auditorium on November 4 as Paul B. Beeson Visiting Professor. His lecture was entitled "The Care of the Patient: Ideal and Illusion."

The Beeson Professorship was es-



Dr. Daniel F. Harvey, 33, (left) was honored with the presentation of a certificate from the president, fellows, and faculty of Yale University recording their gratitude for his service as chairman of the Medical School Alumni Fund, 1966-1969. Under Dr. Harvey's leadership, the statement noted, the fund attained record levels in annual giving and a national record in participation. The presentation was made by Dr. Lawrence K. Pickett, 44, at the Alumni Fund Convocation on October 25. Dr. Pickett is assistant chairman of the Yale Alumni Fund for the Graduate and Professional Schools.

established in 1965 in honor of Dr. Paul B. Beeson, chairman of Yale's Department of Internal Medicine from 1952 to 1965 and now Nuffield Professor of Clinical Medicine at Oxford University.

Visiting Professor from Venezuela

Dr. Raul Vera, of Caracas, Venezuela, is serving a one-year appointment as

Dr. Leonard Parente, (right) lecturer in public health and director of public health for the Town of Hamden, received the C-E.A. Winslow Medal, highest award of the Connecticut Public Health Association. Dr. Ira V. Hiscock, Anna M. R. Lauder professor emeritus of public health, presented the award to Dr. Parente for outstanding service in preventive medicine and school health programming.



visiting professor of radiology. Dr. Vera, who is professor of electroradiology at the Universidad Central de Venezuela in Caracas, is supervising house staff and medical students in radiotherapy during his stay at Yale. He received his surgical and medical degrees from the Universidad Central de Venezuela, where he has been a member of the medical faculty since 1955, and head of the radiotherapy and radiosotope section since 1956. He received accreditation from the American Board of Radiology as a radiological therapist in 1954.



Dr. Blake

Eugene M. Blake, M.D.

Dr. Eugene M. Blake, clinical professor emeritus of ophthalmology and a leading eye specialist, died on December 28, 1969, at the age of 86.

Dr. Blake, who served on the faculty of the medical school for 44 years until his retirement in 1951, was born in Bridgeport, Connecticut. He attended Bridgeport schools and received his medical degree from Yale in 1906. After an internship at the Hartford Hospital, he joined the faculty of the Yale School of Medicine in 1907.

His professional career at Yale was interrupted by military service in World War I, when he served as a captain in the U.S. Army Medical Corps. On his return to Yale in 1923, he was appointed clinical professor of ophthalmology.

In 1938 he was named state supervising ophthalmologist for a Connecti-

cut program for aiding the blind and in 1959 was the first recipient of the Helen Keller award, established to honor Connecticut citizens who had made outstanding contributions toward the prevention of blindness. As vice-president of the National Association for the Prevention of Blindness in 1947, he actively campaigned for the establishment of a national foundation for the study and treatment of glaucoma.

Following his retirement from Yale in 1951, Dr. Blake continued in private practice in New Haven. He had served as a governor of the American College of Surgeons and as president of both the American and the New York Ophthalmological Societies.

He is survived by his wife, Ruth, and a daughter, Mrs. George F. Neil.



Dr. Deming

Clyde L. Deming, M.D.

Dr. Clyde Leroy Deming, clinical professor emeritus of urology, died on November 10, 1969, at the age of 84. A Yale medical alumnus and a member of the faculty for 34 years, he was noted for his work in the treatment and management of prostate cancer. In the 1940's, he was among the first to use injections of the female hormone, estrogen, to arrest the growth of cancer in the male prostate gland. He was also responsible for originating a number of operative procedures, including a technique for suspension of the kidney.

Dr. Deming was born in Cornish, New Hampshire. He graduated from

Bowdoin College in 1910 and spent one year as a high school principal in Portland, Connecticut, before entering the Yale School of Medicine. As a medical student, he won the Ferris Anatomy Prize, the Parker Prize, and the Keese Prize, and received his degree *cum laude* in 1915.

He served his internship and residency at New Haven Hospital and was an instructor in surgery at Yale for

one year before joining the staff of the Brady Urological Institute at Johns Hopkins Hospital in 1919. He returned to Yale in 1921 as assistant professor of surgery in charge of urology and was promoted to associate clinical professor in 1924 and to professor of urology in 1929. In 1932 he became clinical professor of urology, and he received emeritus status in 1954. He was chief urologist of New Haven Hos-

pital from 1929 to 1954.

In 1968 the Clyde L. Deming Visting Professorship in Urology was established as a result of a gift from Dr. Deming. Although he had retired from his teaching duties in 1954, he remained an active and interested alumnus of the school.

He is survived by his wife, Evelyn; a son and two daughters; and eight grandchildren.

First-Year Students of Public Health

The following individuals are enrolled as first-year students in the School of Public Health.

FOR THE MASTER OF PUBLIC HEALTH DEGREE:

Louise Elaine Allison (B.A. Westmont College 1969) Ross, California.
 Evarists Berzins (B.A. University of Connecticut 1962, M.A. University of Connecticut 1964) Riga, Latvia.
 John Pearson Bihldorff (B.A. Harvard University 1969) Boston, Massachusetts.
 Ricardo Blanco Rodriguez (M.D. Universidad de San Carlos de Guatemala 1962) Augusto, Guatemala.
 John Walter Bracken (A.B. Yale College 1961) Elizabeth, New Jersey.
 Tyler Bennett Brown (B.A. Yale University 1966) Cleveland, Ohio.
 William Francis Carey, Jr. (B.S. LeMoyne College 1965) Syracuse, New York.
 Thomas William Chapman (B.A. St. Anselm's College 1968) Providence, Rhode Island.
 Katrina Hardenbergh Clark (A.B. Cornell University) North Conway, New Hampshire.
 Aaron Dale Culp (B.S. Quinnipiac College 1967) Decatur, Illinois.
 John Alois Daeley (B.S. University of Maryland 1957) El Paso, Texas.
 David Albert D'Atri (B.S. Boston College 1969) Amsterdam, New York.
 Jack Gorman Daubs (B.S. Temple University 1954, O.D. Pennsylvania College of Optometry 1954) Fairfield, Illinois.
 Chester Leon Davis III (B.A. Lake Forest College) Aurora, Illinois.
 Henry Pierce Fenhagen (B.A. Randolph-Macon College 1969) Baltimore, Maryland.
 William Paul Forretti (A.B. Colby College 1965) Welch, West Virginia.
 Anne-Marie Foltz (B.A. Cornell University 1957) Oslo, Norway.
 Lowell Dean Griggs (B.S. Bluefield State College 1958) Venice, Illinois.
 Billie Spears Hamblin (R.N. Harlem Hospital School of Nursing 1950; B.S. University of California, Los Angeles 1956) Martinsburg, West Virginia.
 Dennis Raymond Hamilton (B.A. Seattle University 1965) Seattle, Washington.
 Sara Elizabeth Hartman (B.A. Mount Holyoke 1965) Niagara Falls, New York.
 Wanda Marie Jablonski (B.S. Smith College 1969) Toledo, Ohio.
 Stanley Bernard Johnson (B.A. Lincoln University 1969) Philadelphia, Pennsylvania.
 Robert Justin Kayser (B.A. Wesleyan University 1969) Chicago, Illinois.
 William Patrick Koughan (A.B. Boston College 1963) Boston, Massachusetts.
 Bernard George Koval (A.B. Assumption College 1969) Johnstown, Pennsylvania.
 Myra Ann Lappin (B.A. Washington University 1967) Oklahoma City, Oklahoma.
 Brian Paul Leaderer (B.C. C. Manhattan College 1968) Troy, New York.
 Mark Joseph Magenheim (B.A. Washington University at St. Louis 1969) DeLand, Florida.
 Joan Marie Martinez (A.B. Mount Holyoke 1962; M.D. Harvard Medical School 1966) Worcester, Massachusetts.
 Eugene Stephen Mayer (B.S. Tufts University 1960, M.D. Columbia University 1964) Norwalk, Connecticut.
 Gerald Miller (B.A. Rutgers University 1969) New York, New York.
 Joseph Stephen McManus (B.A. Southern Connecticut State College 1969) Burlington, Vermont.
 Sandra Florstedt Nelson (B.A. Upsala 1965; M.A. Trinity 1969) Columbus, Ohio.
 Ann Keefe Nissi (B.S. St. Joseph College 1957) Hartford, Connecticut.
 William Charles Okulicz (B.S. Rensselaer Polytechnic Institute 1968) New Britain, Connecticut.
 David Aldrich Osgood (B.A. University of Vermont 1966) Burlington, Vermont.

Christine Pattee (A.B. Douglas College 1963) Waterbury, Connecticut.
 Carol Lynn Paul (B.A. University of Kansas 1967) Garden City, Kansas.
 Nancy Wood Poffenberger (B.A. Smith College 1967) Rochester, New York.
 Alice Jane Rarig (B.A. Radcliffe College 1967) Los Angeles, California.
 Karen Ruth Sampson (A.B. Boston University 1968) New Haven, Connecticut.
 Jane Silver (B.A. Connecticut College 1968) Philadelphia, Pennsylvania.
 Marilyn Sheila Snyder (B.A. Framingham State College 1966) Boston, Massachusetts.
 Raymond Leslie Sphar, Jr. (B.S. Westminster College 1956; M.D. Jefferson Medical College 1961) Charleroi, Pennsylvania.
 Walter Oswald Spitzer (M.D. University of Toronto 1962; M.H.A. University of Michigan 1966) Asuncion, Paraguay.
 Robert Emanuel Steele (A.B. Morehouse College 1965; S.T.B. Episcopal Theological School 1968) Mobile, Alabama.
 David Louis Stockton (A.B. Howard University 1969) Roanoke, Virginia.
 Barbara Louise Stolloff (B.S. University of Illinois) Fenchow Shansi, China.
 Joel Tolliver (B.A. Lincoln University 1969) Philadelphia, Pennsylvania.
 Victor Joseph Tucci (B.A. University of Connecticut 1964, M.S. University of Connecticut 1966) Norwalk, Connecticut.
 Joyce Ann Waksman (B.S. Southern Connecticut State College 1969) Mt. Clemens, Michigan.
 Mary Francis Walsh (B.A. Newtown, College of the Sacred Heart 1967) Nashville, Tennessee.
 Reuben James Washington (B.A. Lincoln University 1969) Floala, Alabama.
 Judith Whitcomb (B.A. Mount Holyoke 1967) Staten Island, New York.
 Eddie Lee Whitmire (B.S. Southern Connecticut State College 1968) Spartanburg, South Carolina.
 Elizabeth Wilhelm (B.A. Smith College 1966) Governor's Island, New York.

FOR THE COMBINED M.D. AND M.P.H. DEGREE:

Harvey Fernbach (B.A. Kenyon College 1966) New Haven, Connecticut.
 Richard S.K. Young (B.A. Stanford University 1969) Honolulu, Hawaii.

FOR THE DEGREE OF DOCTOR OF PUBLIC HEALTH:

Marlin Hugh Dearden (B.A. University of Utah 1964, M.P.H. Yale University 1969) Cheyenne, Wyoming.
 Douglas Odos Gause (B.S. Bucknell University 1965; M.S. University of Minnesota 1960) Tucson, Arizona.

FOR THE DEGREE OF DOCTOR OF PHILOSOPHY:

William Daley (A.B. Boston College 1959; M.Ed. Boston University 1968) Chelsea, Massachusetts.
 Christina Lee Frazier (B.S. Cornell University 1969) Painted Post, New York.
 Theodore Richard Holford (B.A. Andrews University 1969) Cicero, Indiana.
 Samuel Priest Korper (B.A. Fairfield University 1964, M.P.H. Yale University) New Haven, Connecticut.
 Bruce James Steinhart (B.A. Cornell University 1964; M.P.H. Yale University 1967) Greenbelt, Maryland.
 Christian Bruce Wenger (B.A. College of Wooster 1964, M.D. Yale University 1969) Lancaster, Pennsylvania.

Alumni News

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MYRON E. WEGMAN has been named chairman of the newly organized Federation of Associations of Schools of the Health Professions. The association has, as an objective, greater cooperation among its members toward filling the nation's health manpower requirements. With representation from 500 schools, colleges, and programs of medicine and allied health professions, it hopes to further communication among professional educational groups, to expand educational opportunities in all the health professions with emphasis on recruitment from minority groups, and to plan interdisciplinary educational programs.

Dr. Wegman, a past president of the Association of Schools of Public Health, is dean of the University of Michigan School of Public Health.

1936

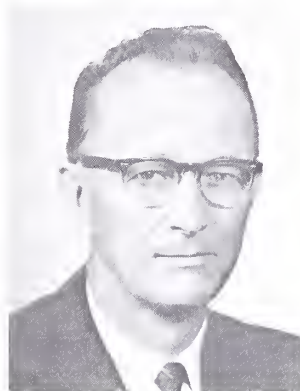
GEORGE A. HAHN, professor of obstetrics and gynecology at Jefferson Medical College, Philadelphia, Pennsylvania, was appointed president-elect of the Philadelphia County Medical Society, effective January 1, 1970.

1942

ROBERT E. CARROLL writes with enthusiasm of his work with Orthopaedics Overseas, one of the organizations affiliated with Medico, which is concerned with helping other parts of the world in the field of medical services. He says in part: "... Surgery of the hand is indeed of increasing interest in this country where there are very few areas for training... To date, my interest has been in helping the western hemisphere. We all travel at our own expense and to areas which have requested help. My particular work is that of bringing the post graduate course in hand surgery to the Central and South American universities... Each year I try to spend one month doing this... It has been a wonderful experience... Anyone interested in this type of work could certainly be of great help and should write to Medico in Washington, D.C."

LUDMIL ADAM CHOTKOWSKI has been named chief of medicine at the Rocky Hill Veterans Home and Hospital, Rocky Hill, Connecticut. On leaving Yale, Dr. Chotkowski interned at Hartford Hospital for three years and then entered private practice. He has been a senior physician and con-

sultant in medicine at New Britain General and New Britain Memorial Hospitals since 1954.



Dr. Chotkowski

DAVID DECKER is an assistant in charge of obstetrics and gynecology at the Mayo Clinic and will be the moderator of the cytology division at the International World Congress of Obstetrics and Gynecology when it meets in New York City in April. Christmas tidings from LEO KELLERMAN included the news that he and his wife, Elizabeth, are bound for Kenya, Africa, to organize a department of ophthalmology at a government hospital 40 miles from Nairobi. Both are extremely excited at the prospect of their first medical missionary work. When not in the bush, the Kellermans, together with their four children, reside at 351 Hollywood Avenue, Douglaston, Long Island 11363.

DEAN NICHOLS writes: "I've become a life member of the Associates of California Institute of Technology and am currently serving a three-year term as a member of CalTech's Visiting Committee, Division of Biology. Am enjoying both."

EDGAR and PRISCILLA DIENES TAFT have also written a long Christmas note, excerpts of which follow: "We have moved from Cambridge to Boston... and are renting a town house in an apartment complex called Charles River Park which is adjacent to the Massachusetts General Hospital so that we can walk to work - door-to-door in less than five minutes!... Our responsibilities at the Hospital, the Harvard Medical School and the Boston School of Cytology have continued to occupy us professionally and essentially full time. All in all it's a

busy, happy, and reasonably full life!" IRVING WOLFSON is mainly practicing cardiology in Worcester, Massachusetts, and doing some teaching at two local teaching hospitals in electrocardiography. He has a son doing graduate work at Massachusetts General Hospital in physics, a daughter at Mt. Holyoke, and a younger son who is a senior in high school. The Wolfsons plan to attend reunion in 1972. They live at 37 Fruit Street, Worcester, Massachusetts 01609.

1953

ROBERT L. NOLAN has been appointed professor and chairman of the division of public health and preventive medicine at the West Virginia University School of Medicine in Morgantown. After receiving his M.D. degree, he served his internship in pediatrics at Yale and a pediatrics residency at New York Hospital. The



Dr. Nolan

following year he was appointed pediatrician for the H.I.P. Medical Groups in New York and then joined the Permanente Medical Group of the Kaiser Foundation Hospital in Oakland, California, where he served as pediatrician and assistant chief for almost ten years. During his stay in California, he acquired an M.P.H. degree from the University of California's School of Public Health and a J.D. degree from the University's School of Law. Dr. Nolan, his wife and three children, live at 241 Waitman Street, Morgantown, West Virginia.

1955

ALAN A. STONE has spent the past year at the Harvard Law School on a grant from the National Institute of Mental Health, both studying and teaching problems of psychiatry and law. Evidence of the success of the



Two Yale medical alumni were the winners of the 1969 E. Mead Johnson Awards for outstanding research in pediatrics. The awards were presented at the annual meeting of the American Academy of Pediatrics in October. Dr. Gerard B. Odell, '51, (left), associate professor of pediatrics at the Johns Hopkins University School of Medicine, was honored for his contributions to the understanding of brain damage to the newborn in hemolytic disease. Dr. Frederick C. Battaglia, '57, associate professor of pediatrics and of obstetrics and gynecology at the University of Colorado Medical Center in Denver, received the award for his development of techniques for evaluating the placental exchange between mother and infant.

venture lies in the fact that he has been given a continuing appointment on the law faculty.

1959

ASA BARNES left the Army in January, 1970, to become associate professor of pathology at the University of Missouri in Columbia where he will be chief of hematology and blood bank. Dr. Barnes spent the past year in the Hematology Section at the Armed Forces Institute of Pathology in Washington, D.C. In November 1969 he received the Gary Wratten Award for outstanding medical contribution in Vietnam.

DAVID B. SKINNER is co-editor of a recently published work *Current Topics in Surgical Research*, with George D. Zuidema. Both editors are on the faculty of the Johns Hopkins School of Medicine. The volume, which contains a selection of the papers delivered at the Second Annual Meeting of the Association for Academic Surgery, has been published by Academic Press.

1960

MALIN DOLLINGER became director of the Medical Oncology Service at Harbor General Hospital in Torrance, California, and director of the Los Angeles Area IV Regional Medical Program Continuing Education Program for Physicians, effective January 1, 1970. He is also an assistant professor of medicine at the University of California at Los Angeles.

1961

JOHN K. PEARCE is dividing his time between clinical practice and teaching. An instructor in psychiatry at the Harvard Medical School, Dr. Pearce has been giving seminars in family psychotherapy at McLean Hospital in Belmont and Faulkner Hospital in Boston. In addition, he is assisting in teaching at the Family Institute of New York in New York City. He is secretary of the Society for Family Therapy and Research in Boston. The Pearces announced the birth of a daughter, Sarah Elizabeth, on December 12.

LARRY PERLMAN and his wife, Marla, announced the birth of a daughter, Susannah Jane, in October. Dr. Perlman has been director of medical clinics at the Milwaukee County General Hospital and assistant professor of medicine at the Marquette School of Medicine since June. He adds that he will be soliciting contributions for the Oak Street Connector, the class newsletter, very shortly.

1962

WILLIAM GROSSMAN reports: "I am a fellow in cardiology with Dr. Lewis Dexter at the Peter Bent Brigham Hospital, having completed my internship and one year of medical residency here. We (my wife, son, daughter, and myself) are quite happy here, but look back to our days in New Haven with fond memories."

1967

JOHN D. NORTHUP, JR., is now serving as a clinical associate at the N.I.H. National Cancer Institute in Bethesda, Maryland.

HOUSE STAFF

1950

MILTON R. HALES has been appointed professor and chairman of the Department of Pathology at the West Virginia University School of Medicine in Morgantown, West Virginia. He joined the faculty in 1968 and had been serving as acting chairman. His particular concern has been in research on diseases of the liver, with special emphasis on the associated vascular changes.

1958

AMILCAR VIANNA sends his greeting for Christmas and the New Year from

Rio de Janeiro, Brazil. Dr. Vianna, who is now an assistant professor in dentistry at the Federal University of Rio de Janeiro Dental School, writes: "Being a dentist, I always emphasize the need of M.D.s and D.D.S.s getting together and I remember well the Grand Rounds on Saturday mornings at New Haven Hospital . . . Also I want to assure that my home here in Rio welcomes any of Yale Alumni."

1962

GEORGE L. BECKER, JR. served as chairman of the 19th annual meeting of the Congress of Neurological Surgeons. The conference, which was held at the Sheraton Boston Hotel in September, had about 1,000 neurosurgeons and guests in attendance.

PUBLIC HEALTH

1938

RICHARD K.C. LEE was tendered a dinner at the Hilton Hawaiian Village in October on becoming dean emeritus of the University of Hawaii's School of Public Health. Dr. Lee, who had been director of health for the State of Hawaii, was one of the leaders responsible for the establishment of the School of Public Health, and had been head of the Department of Public Health until the school opened its doors in 1965, when he was appointed dean. During the last decade, Dr. Lee has been the recipient of a number of significant honors, including the Samuel J. Crumbine Award for the "Outstanding Public Health Worker in the U.S.," the "Outstanding Alumnus Award" of the University of Hawaii Alumni Association, and the Hawaii Public Administration Award presented by the American Society for Public Administration.

1951

JOANNE ANTHONY FINLEY wears many hats in the name of long-range health service planning. She is director of health planning in the Department of Public Health in Philadelphia. In addition she is staff director of the Mayor's Committee on Municipal Hospital Services, dealing not only with hospital services but with the broader aspect involving public responsibility for personal health services. Dr. Finley has also been instrumental in developing programs concerned with ambulatory care planning



Dr. Finley

and emergency care planning. Simultaneously, she holds an appointment as assistant clinical professor in the Department of Preventive Medicine at Woman's Medical College.

1954

MILTON W. HAMILT has been named professor of health administration in the School of Business Administration of Temple University in Philadelphia.

1955

MORRIS LONDON has recently been named program director of the Health Facilities Planning and Construction Service (Region 2) of the New York Public Health Service. Mr. London was formerly associate administrator of Maimonides Hospital in Brooklyn, New York.

1957

SYLVIA ROSS Talbot, Minister of Health of Guyana, presided over the 19th meeting of the Pan American Health Organization, held in Washington D.C. in October. Dr. Talbot has continued to make breakthroughs in behalf of women professionals (see YALE MEDICINE, Vol. 4; No. 3). For the first time in the history of the Pan American Health Organization, the president of its directing council is a woman.

1960

SALVATORE MIANO has recently been appointed district health director of the Department of Public Health of Philadelphia, Pennsylvania. He had been with the department previously as chief of the Accident Control Section.

1961

GORDON R. BEEM has been appointed administrator and member of the

executive committee of the Hall-Brooke Hospital in Westport, Connecticut. Mr. Beem had previously been on the staff of the Surgeon General of the Air Force in Washington, D.C.



Mr. Beem

IRENE GILBERT HISCOCK is a student at the Johns Hopkins University School of Hygiene and Public Health in the Department of Public Health Administration. She is working for an advanced degree and is concerned with the consumers and providers and their interaction in the system of medical care.

PARNIE S. SNOKE is currently assistant to the Co-ordinator of Health Services for the State of Illinois.

1963

HAMP COLEY has recently been named executive director of the Dade County (Miami, Florida) United Health Foundation and director of health affairs for the United Fund of Dade County. Mr. Coley, who has dealt with health problems in public and voluntary agencies in both Massachusetts and Connecticut, was most recently the administrator of the New

York City Health Department's medical assistance program.

1966

NANCY ALFRED Persily is special assistant to the dean of Mount Sinai School of Medicine in New York City. She and her husband, Andrew, are living at 39 Gramercy Park North, New York 10010.

1967

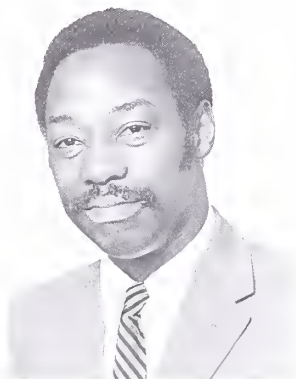
STEVEN JONAS has been appointed director of social medicine at Morrisania City Hospital in New York. Dr. Jonas has worked for the New York City Department of Health in a variety of capacities, most recently as director of ambulatory care, planning, and development.

His responsibilities in his new position will include supervision of the general and specialty clinics, the emergency service, the employees' health service, and research and planning in social medicine. He has also received an appointment as assistant professor in the Department of Community Medicine at the Albert Einstein College of Medicine.

ELGIN W. WATKINS is a senior research scientist with the Bureau of Cancer Control of the New York State Department of Health. In addition, he has been giving lectures at Rensselaer Polytechnic Institute in Troy, New York.

1969

SISTER MARY ANNE FITZMAURICE has been named assistant administrator at St. Francis Hospital, Hartford, Connecticut. Until recently, she had been serving as an administrative assistant at St. Raphael's Hospital in New Haven.



Mr. Coley

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YALE MEDICINE

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YALE MEDICINE

ALUMNI BULLETIN OF THE SCHOOL OF MEDICINE / SPRING 1970



COVER: A better understanding of the causes of tolerance to morphine was reached in Yale laboratories through studies involving these goldfish. A picture story on recent research in anesthesiology appears on pages 6-7.

YALE MEDICINE

ALUMNI BULLETIN OF THE SCHOOL OF MEDICINE / SPRING 1970 / VOL. 5 NO. 2

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How Many People?

by Adrian M. Ostfeld, M.D.

In a broad sense, man has always selected his health problems and the agencies that bring him disease and death. To make the point a little more specifically, man's behavior as an individual and his behavior in societies has determined what the health and disease of a population is. When man throughout the tropical world chose to build his houses in swamps, he cast his lot with the malaria parasite as the disease agency that would particularly assail him. When medieval man threw his slop in the streets and lived with rats, he died by the millions from bubonic plague. When he chose to go barefoot in the warm soil of the subtropics, it was hookworm burrowing between his toes that generated his major health problems. In the nineteenth century, when Europeans and Americans left their farms to live in crowded rooms and work long hours in cities, tuberculosis became, in Sir William Osler's phrase, "the captain of the men of death."

In the twentieth century a new spectrum of diseases affronts man living in urbanized, industrialized countries. These are coronary heart disease, diabetes, high blood pressure, and strokes. These illnesses are in large part a result of overnutrition, freedom from infectious diseases, and physical underactivity. Psychosocial factors and personal habits probably also play a role in these disorders. Perhaps at some future time when life patterns again change drastically, we will be faced with an array of new diseases. The point, I hope, is clear; it is simply this: man's health is determined by what and how much he eats; by how much food is available for his babies; by his apparel, even his shoes; by the places in which he chooses to live; and by his willingness to cooperate in preventive medical programs.

Today in the poor nations of the world overpopulation is a major threat, and health matters are central to the peril of overpopulation. In the rich nations the association is not so striking, but it is still there. For this reason it is well to consider separately the huge growths in the populations of underdeveloped countries, such as some of those in Latin America and in much of Asia and Africa, and then to review the less dramatic but potentially perilous population growth rates in Europe, the United States, Japan, Australia, and New Zealand.

Before 1945, life in poor countries was agricultural and mostly rural or semirural. The family plot of land or the plantation was often the place of work. There were many infants around, a smaller number of children who had reached school age, and slightly fewer adults at all ages. Men and women married young and pregnancy was, and still is, an annual affair. The birthrates were high and the fertility rates were very high, but life expectancy at birth was short, perhaps thirty-five years, and the population

grew only slightly from generation to generation. Why did not the population grow faster in the face of such high fertility rates? The answer is simple: infants died in swarms; in some countries more died than reached adulthood. And they died, not of mysterious diseases, but from the common germs that most of us carry around all the time.

In the countries of Europe and North America there has been developing over the past seventy years something we might call a public health package. The United States, Canada, and most European countries know how to purify water, keep food and milk safe, vaccinate infants against the childhood disease killers, provide adequate nutrition by transporting food when necessary, stop the malaria parasite, and build better housing. Most of these things were known before the emergence of the first antibiotic drugs. At the end of World War II, and in a process continuing to the present time, the poor nations of the world have either bought or been given this same public health package, and it has worked spectacularly. Babies no longer die by the millions each year, and the baby horde that began to appear in the late 1940s is doubling and tripling itself at a rate not predicted by scientists even as late as 1945.

This population increase cannot be attributed solely to the public health package. Other factors such as industrialization, improved transportation, the development of natural resources, and increases in the world's food supply also play their part in sharply cutting infant mortality rates. Today in the developing countries babies do not die in numbers larger than reach adulthood, and children are healthier as well. But alas, very little else has changed. Human habits, traditions, and customs are not easily discarded, even in the face of the most dramatic scientific advances. The age-old attitudes about marriage and pregnancy and children have not changed. Marriage still takes place

*Dr. Ostfeld is
Anna M. R. Lauder Professor
of Epidemiology
and Public Health.*



early; pregnancy is still an annual event. To a rural farmer in India, having many children means many strong sons to support him in his old age. To a tribeswoman in Africa who remembers clearly when most babies in her village died before the age of two, having many babies means that some, at least, will survive. But then she finds, to her bewilderment, that a generation later they have all reached adulthood.

These vignettes represent only a part of the problem. In some poor countries, especially in Latin America, the teachings of the church probably constitute another important determinant of overpopulation, and there are other reasons. Of all, however, none is more important than the fantastic success of the Western world's public health package.

In the Western world itself population growth can be traced back a little further. From about 1700 to 1880 the total number of persons of European stock showed an eightfold increase—from about 120 million to just under a billion. This striking increase is attributable to the expansion of commerce, which made the transportation of food and capital goods possible, and to improvements in agriculture and the opening up of new farmlands in new continents. When the public health package was added, population growth accelerated even further. When the development of effective means of contraception became available in Europe, birthrates fell for a time. But despite two world wars and their attendant horrors, the population growth of Europe has continued. In North America we have become the last major continent to experience the sudden rapid multiplication of population.

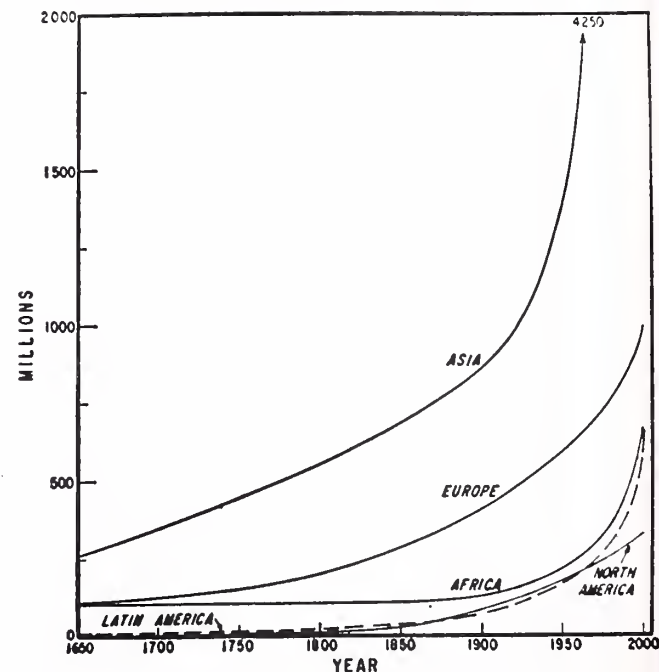
The total situation of the developed countries of the Western world is considerably different from that of the emerging nations. Annual per capita incomes are very much higher; for example, there is a tenfold to twelvefold difference in income between developed and less developed countries. Housing is better. Medical care is better and more available. People live largely in cities, and industry rather than agriculture is the dominant employer. Because of the wealth of machinery and automated methods of production, the average amount a worker produces is very much greater than in developing countries, and birthrates and fatality rates are very much lower.

It is a fact that every time a country has gone from an agriculturally dependent poor nation to an industrialized rich nation, birthrates and fertility rates have fallen. No one is sure why fertility declines so consistently. The view is widely held in Eastern Europe, particularly in the Soviet Union, that no methods of population control will be successful except a rapid increase in urbanization and industrialization. My colleague, Lincoln Day, who is a pro-

fessional demographer, has thought a great deal about why differences in birthrates exist among the industrialized nations of the world. His conclusion is that when families feel a need to reduce the number of children they have, and more particularly when women are given the opportunity to follow careers that are suitable alternatives to childbearing and child rearing, birthrates fall. The father residing in an industrialized nation wonders how many children he can afford to put through college, and begins to think about limiting the size of his family. The mother who can have an exciting and interesting career either before or after her child-producing period thinks actively about limiting the length of that period. When both parents see a wide variety of material effects with which they can provide their children, they realize they must limit their family size if they want to give each child a fair measure of these possessions.

These attitudes, which we are ascribing to people living in developed countries, are, of course, those of the broad middle class. In all rich nations there are groups of people who are desperately poor. For them life resembles that in an underdeveloped country. In the United States the birthrates and fertility rates of the hard core poor and unemployed are comparable to those of South American or African nations.

Estimated population of major regions of the world from 1650 to 1960 and the projected population in the year 2000.



So much for some of the reasons for population growth. Something of its magnitude comes through in the stark arithmetic of the increase. About two thousand years ago there were one-quarter of a billion people on Earth. By 1600 the total number of persons living was about half a billion. At that point things began to pick up; the world's population went from one-half billion in 1600 to one billion in 1850 to well over three billion today. As the human population grows larger, the period of time required to double it gets shorter and shorter. It took about 1,600 years to go from one-quarter of a billion to one-half a billion. Only 150 years later, it had doubled again by adding another half billion. Now, however, we have added half a billion people to the world's population in slightly more than ten years, and at the present rate of growth only about six years will be required to produce another half billion. These are the dimensions of what we are up against. By 1980 we will have four billion people on Earth, and things will get worse very rapidly: in the thirty years after 1980 the world's population will double again.

Many of us have already begun to see the effects of this population problem on our lives. They are, as we know, air and water pollution, mountainous heaps of junk, impossible traffic snarls, health problems, and the rapid depletion of natural resources, among many other bad effects. But the growing populations of the world do more than cause environmental problems. They are beginning to alter the quality of human life. Let me give you a small example.

I once rented some office space for a research project. The office building was rather old and poorly kept up, and there were very few tenants. It was pleasant to work in that building: the rooms and corridors were quiet; it was easy to get the elevator promptly; and all the tenants got to know each other well. When you needed the maintenance man he always arrived within a few minutes, and the manager was courteous and friendly.

After a year or so the building was sold to another firm. It was redecorated extensively, and the management began an active recruitment campaign for new tenants. Soon the building was filled. It became noisy and even odoriferous in places. So many tenants complained about having to wait for the elevator that a small computer was installed to operate it. The computer broke down about once a month, and for several hours after the breakdown you had a choice of using the stairs, if you were on a lower floor, or forgetting it if you were on the twentieth or thirtieth floor. Janitor service required a long wait and was often done quickly and sloppily. We never saw the manager, and all of the tenants, even those of us who had been friendly before the change, were lost among all the new faces. Socializing

disappeared. Rats and roaches became more common and the lavatories filthier.

Many who live in suburban communities have observed the same chain of events. You moved into a small pleasant community; the schools were good, traffic was light, taxes were low, and life was pleasant. Then hordes of people began to descend on the town. New homes were built, gouging out the green hillsides. New schools must follow, and taxes begin to go up; traffic jams develop; the commuter trains are often late; and crime appears, and it is committed by suburbanites.

It seems to me that what is happening in the world in macrocosm is the same thing that happened in microcosm in the building I tenanted. The quality of life in that building sharply deteriorated; but in the world, the consequences of overcrowding are even more dire. In that building, no matter how bad conditions got, our overcrowding would not have destroyed or nearly destroyed the structure. Yet our overpopulation threatens to destroy much of the Earth at this time—its beauty as well as its natural resources and the quality of life of the people who live on it.

A number of countries, seeing all this clearly, have begun to make plans to deal with it. Some are trying pills, some intrauterine contraceptive devices, some abortion, some vasectomy, and others combinations of these. In some countries population control is a government function, in others a matter of individual decision. A few countries such as Japan have done much to reduce their fertility rates. Some progress has occurred in India and in a few other countries. But in too many, the population is still rising rapidly.

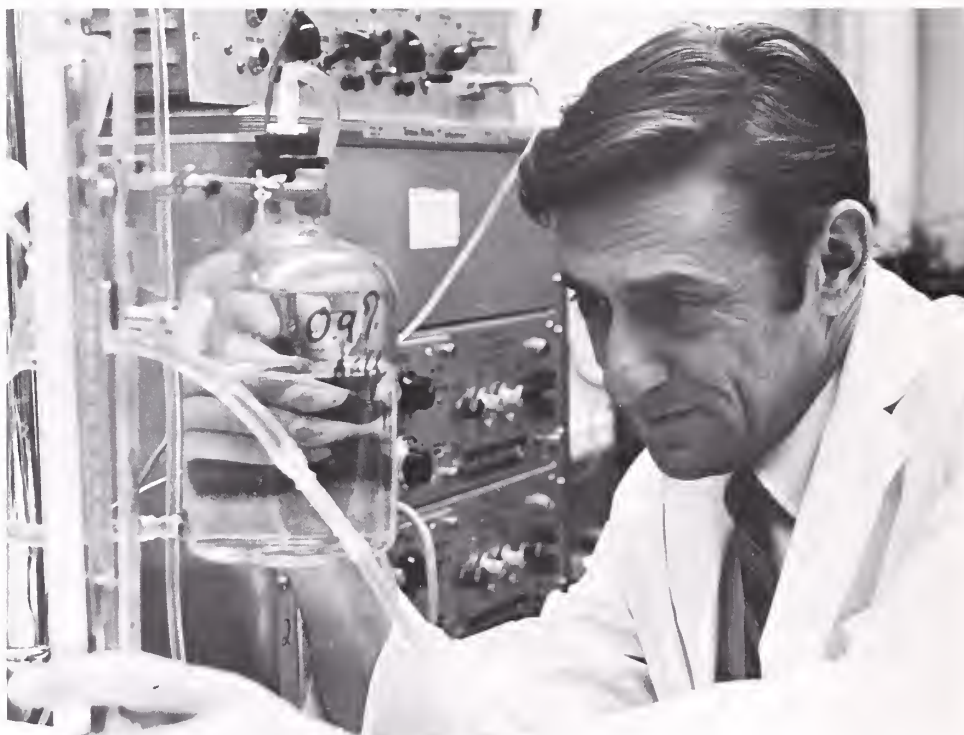
Thus man, who has always selected his health problems, has created for himself, on a worldwide scale, a new kind of peril. Human fertility, worshiped in ancient and primitive societies and long counted a boon to the economic growth of nations, has become a scourge that threatens to destroy man's habitat and his very humanity. It is too early to predict with precision what will happen in the next few decades, and in this regard there are several points of view. But little reason for optimism exists now, despite the fact that many people and many governments are working on the problem with great concern. Can we head it off?

We won't have long to wait for the answer.

Strengthening Academic Anesthesiology

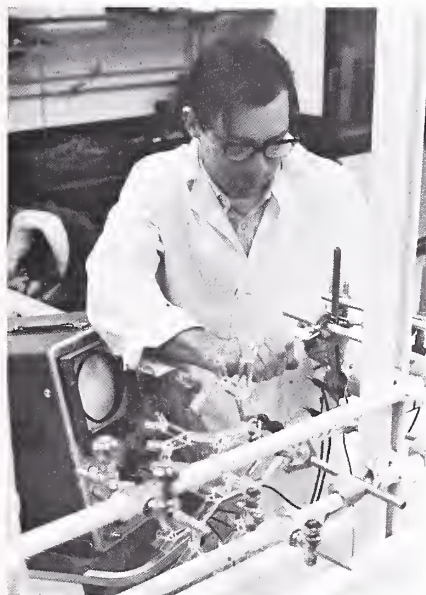
Anesthesiology at Yale received valuable support during the past year from the Harold C. Strong Anesthesiology Research Fund, which made possible the initiation of the studies illustrated on these pages. Dr. Nicholas M. Greene, professor and head of the Section of Anesthesiology, says that prospects are very favorable for continued expansion of imaginative, fundamental research that will significantly affect and improve the quality of patient care.

One of the most important developments made possible by the Harold C. Strong Fund was the establishment in 1969 of an advanced anesthesiology research laboratory under the direction of Dr. C. Norman Gillis, associate professor of anesthesiology and pharmacology, and an authority on the function of the sympathetic nervous system. His current studies concern mechanisms by which the lungs inactivate vasoactive amines removed from blood during its passage through pulmonary circulation, and the effect of potentially useful antihypertensive drugs (including inhibitors of norepinephrine biosynthesis) on sympathetic neuroeffector transmission in vascular tissue. The apparatus Dr. Gillis is working on here is used to quantitate vasoconstriction within perfused vascular beds in response to sympathetic nerve stimulation.



The phenomenon of tolerance to a narcotic is widely recognized and of major clinical importance, but why the repeated administration of a drug such as morphine produces progressively less effect is unknown. One possibility is that repeated use alters the rate or route of morphine metabolism so that ever increasing amounts are required to produce the same effect. Dr. Greene and Dr. George Jansen decided to examine this possibility by determining whether a species that cannot metabolize morphine can become tolerant to it. After proving that goldfish cannot metabolize morphine, they demonstrated that the animals could, however, become tolerant to it. To prevent pain-avoidance reactions when electrical stimulation with a constant voltage was applied, ever increasing amounts of morphine were required. Conversely, with constant morphine dosage, the voltage required to produce a reaction progressively decreased. Thus for the first time it was established that tolerance to morphine can develop in the absence of any metabolism of the narcotic.

Polypharmacy, the combination of two or more drugs administered simultaneously, is common in medicine and particularly frequent in anesthesiology. Although methods are available for the evaluation of the toxicity of single drugs, scientifically acceptable and accurate means of measuring the toxicity of two or more drugs given together have not existed heretofore. Yale investigators developed a method to make such evaluations with a high degree of accuracy based on statistical techniques, and they applied it to a study of the toxicity of combinations of local anesthetics injected in mice. The results demonstrated that highly complex interactions occur between two drugs which make estimates of their combined toxicity possible only with multiple dosage levels. Part of the evaluation required weighing the mice, which Dr. Michael J. Brecher, resident in anesthesiology, is doing here. This study, the first of its type, was done in collaboration with Dr. Brecher and Dr. Richard A. Greenberg, associate professor of public health (biometry).



In a project carried out jointly by the Section of Anesthesiology and the Department of Engineering and Applied Science, studies are being conducted on how gases such as oxygen and carbon dioxide mix in the air passages during inhalation and exhalation. Dr. Lawrence Shendalman, assistant professor of engineering, Peter Scherer, a Ph.D. candidate in engineering, and Dr. Greene have constructed a glass model of the bronchial tubes to allow precise measurement of how gases are mixed during respiration. The data will allow quantitation of the relative importance of mechanical mixing of gases and dispersion in different parts of the lung and, for the first time, the derivation of laws governing flow characteristics at a Y-junction. Mr. Scherer, who studied medicine for two years at Yale before transferring to engineering, is particularly interested in fluid mechanics and continuum mechanics as applied to medicine, and plans eventually to complete the course of studies for the M.D. degree. In this picture he is adjusting part of the system connected to the model, which can be seen in the foreground.

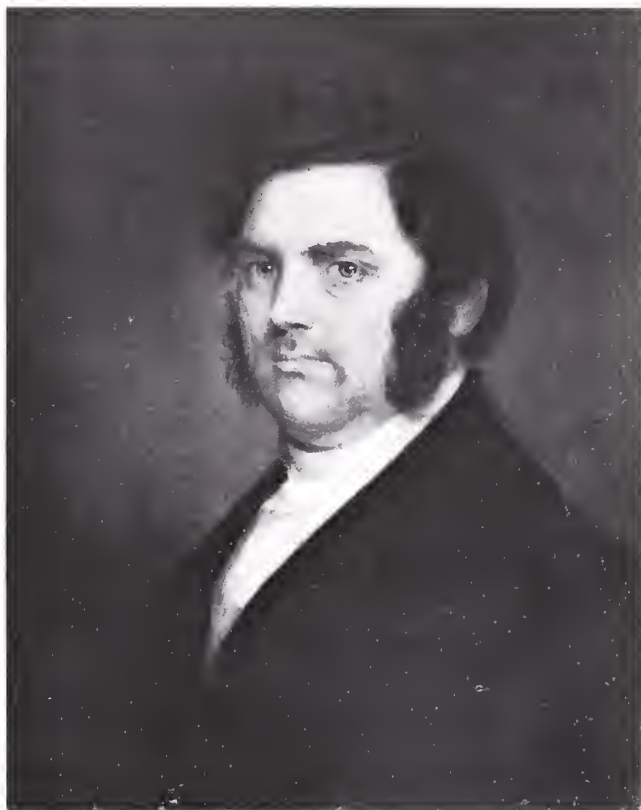
Although many reports are available on the effects of anesthetics on renal function, none to date differentiates between the direct effects of an anesthetic on kidney cells and effects on kidney-cell function secondary to anesthetically induced changes in blood flow to the kidney. Daniel F. Dedrick, a fourth-year medical student, is conducting research on the ability of isolated renal tubular cells to transport acids during exposure to anesthetics. Here he examines renal tubular cells from fish while the cells are being exposed to methoxyflurane and halothane. The results indicate that, in concentrations equivalent to those required to produce surgical anesthesia, the anesthetics being studied significantly depress renal tubular function.

Pliny Adams Jewett (1816-1884): A Historical Note

“The city seemed gloomy after the telegram announced his death at Providence, Rhode Island, and everybody who heard it, felt that a great man had departed. . . . The community mourns this as a great loss it has sustained for the reason that, in the high distinction he had won for himself in his profession, he had also conferred distinction upon the city of New Haven.” Thus did the *New Haven Palladium* of April 10, 1884, record the death of Pliny Adams Jewett, M.D., professor of obstetrics and diseases of women and children at Yale from 1856 to 1863, a leading consultant to State Hospital (now Yale-New Haven), as physician and surgeon.

Dr. Jewett had traveled to Providence a few days earlier to testify for the defense as an expert medical witness in an important manslaughter trial involving one Charles Skuce. There he contracted pneumonia. In spite of chills and fever, he appeared in court to give evidence in the case for two successive days. Throughout the second night his condition worsened as several local physicians and his son, Thomas A. Jewett (Yale M.D. 1879), watched in despair. Early in the morning guests at the Narragansett House were told of his death.

Many of the facts of Pliny Jewett's life, beginning with the date of his birth, are confusing. His scanty biographies variously give his birthplace as Hampton, in Washington County, New York, or the Episcopal rectory in Derby, Connecticut. The date is sometimes June 4, 1816; sometimes June 14, and sometimes October 4 of that same year. Obituary records and other sources agree that his father, the Reverend Stephen Jewett, was an autocratic Episcopal minister and that his mother, the former Elizabeth Backus, was descended from an old Connecticut family. Whether the future Dr. Jewett was educated at home, received instruction at the Diocesan School in Cheshire, or attended the village school, as different sources contend, is hardly important, for all agree that he attended college, receiving both his B.A. and his M.A. degrees in 1837 from Washington College (now Trinity) in Hartford. There is also no disputing the fact that he then attended the Medical Institution of Yale College, receiving his M.D. degree in September of 1839, although in the first catalog of Yale graduates as well as in the Roll of Service in *Yale in the Civil War* he is included with the Class of 1840M. He then took a yearlong trip to England and France “to continue and complete his medical studies.” New Haven's *Palladium* states that his base in Europe was “in the city of Paris, the acknowledged seat and metropolis of the world in all of the arts and sciences but distinguished above all others in the art and science in which this young man went there to be indoctrinated. And by the devoted application and untiring industry of duties, attendance at lessons from five



Pliny Adams Jewett, portrait by an unknown artist. This painting was given to Yale by Dr. Charles A. Lindsley, dean of the medical school from 1863 to 1885, who said of Jewett at his death: “He was destined by his dextrous surgical skill, rare mental ability, and devotion to his calling to inherit the mantle of his companion and teacher, the pre-eminent and unexcelled Dr. Knight.”

in the morning throughout the day, he laid a solid foundation for a thorough training of the details and principles of the science . . . and made himself a familiar companion of the great teachers and experts which that capital afforded for the highest instruction and accomplishments in the profession he had chosen.”

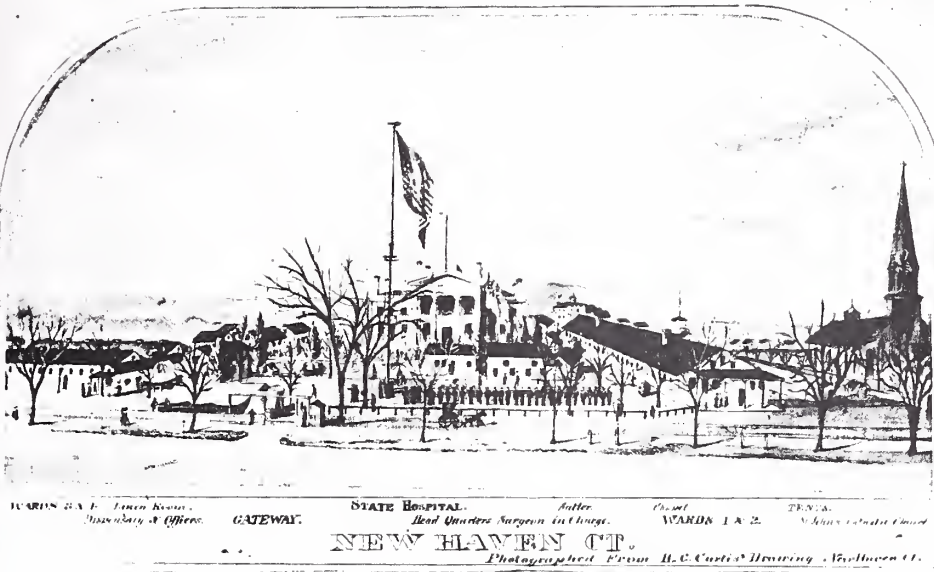
Considering that his teachers at Yale's medical institution included Drs. Benjamin Silliman, Eli Ives, William Tully, Timothy Beers, Charles Hooker, and Jonathan Knight, Jewett had the best instruction to be offered both at home and abroad.

On his return to New Haven, Jewett opened an office for the practice of medicine and surgery at No. 144 George Street and boarded with his parents, who by this time had moved to New Haven, into a handsome house at No. 3 Wooster Place on the east side of Wooster Square. Impenunious most of his life, the Reverend Mr. Jewett had been compelled to live on a modest stipend of \$500 per

annum, "provided by the Episcopacy of Derby" for services to parishes in Derby, Connecticut, and New York plus an equally small sum for running a private school preparing young men for college or for theological seminaries. On the death of his wife's brother, however, a bequest yielded a generous sum that permitted the Jewett family to live in prosperity and the Reverend Mr. Jewett to retire to New Haven, where he volunteered his services to Trinity Church on the Green—the church in which he had been ordained in 1811.

medical faculty of Yale College, "a branch of an University eminently conspicuous among the literary institutions of our country. Their practical aid, rendered to the inmates of the Hospital will enable them to illustrate to their pupils the theory of a profession to whose enlightened skill no intelligent being can be insensible." A later committee report points out that "as an auxiliary to the Medical Institution, this Hospital is considered very important, as without an establishment of this kind it is impossible to communicate medical instruction in the most advantageous manner.

KNIGHT UNITED STATES ARMY GENERAL HOSPITAL



Knight General Hospital from a drawing by H. C. Curtis. The church at the right is St. John's, which is still standing where Davenport Avenue meets York Street.

Though respected as practitioner, professor, army surgeon, and member of the Connecticut Medical Society, Pliny Jewett's longest association was his connection with the State Hospital, called Knight U.S. General Army Hospital during the War between the States. His connection with this institution permitted him to utilize his greatest talents and to give to the community his best service.

The most complete early history of the hospital was compiled in 1876 by the president of the State Medical Society, Dr. Jewett, for the semicentennial of the General Hospital Society. The first meeting of the directors of the General Hospital Society was held in 1827. Every member of the faculty of Yale's Medical Institution was both an incorporator and a member of this board. In 1830 when specifications were being drawn up, including the selection of a site, it is interesting that one of the considerations made by those in charge was the location close by the

The theory of medical science may be communicated without it, but theory without practice in this, as well as everything else, is comparatively of little use."

One of the founders and a faculty member was Jonathan Knight, who came to be of special importance both to the hospital and to Pliny Adams Jewett. Knight had joined the Yale faculty at the age of twenty-four as professor of anatomy and physiology. In 1838 he was transferred to the chair of surgery and thus was Jewett's preceptor. In part because of his student's deep interest in *materia medica*, and in part because he had no son of his own, the two men were eminently compatible and maintained a professional relationship so close that Knight, reported to be "unquestionably the leading surgeon in Connecticut," seldom undertook an operation unless Jewett was with him. Their personal relationship was such that many referred to the student as "Knight's adopted son."

In 1842, when Knight was made president of the General Hospital Society, a position he held until his death in 1864, Jewett was elected attending physician and surgeon. In 1843, when E. H. Bishop left the office of secretary of the Hospital Society, Jewett was named to that post. Until the beginning of the Civil War, Jewett's name appears again and again on committees for the betterment of the hospital for such duties as obtaining appropriations from private and from government sources, the improvement of the grounds, the improvement of the services, and "for the increase of patients."

The hospital received the first sick and wounded soldiers in June 1862. With the approval of the surgeon general, a year's contract was drawn up, providing \$3.50 a week for each soldier received into the hospital, and that sum was to furnish all medicine, medical and surgical needs, rations, and quarters. At the end of the year, the General Hospital Society relinquished all connections with the War Department for the duration, and the hospital was turned over to the surgeon general. The hospital building was emptied of civilian patients who, though still minis-

The staff of Knight General Hospital during the Civil War. Front row: Drs. David L. Daggett, Levi D. Wilcoxson, Jewett, Worthington Hooker, and W. B. Casey; standing, flanked by unidentified army surgeons: Drs. T. H. Bishop, H. S. Pierpont, Timothy Beers Townsend, C. A. Lindsley, and Virgil M. Dow.



Since the hospital was not yet being used to its fullest capacity, a proposal was made in May of 1862 to the surgeon general of the army, William Alexander Hammond, to turn over the facilities of the building for the care of sick and wounded soldiers. Meanwhile, Dr. Jewett had been one of three important physicians named to an examining board by Governor Buckingham to secure qualified and efficient medical officers. "These men," it is reported in a history of Connecticut, "at great personal inconvenience and sacrifice, met throughout the war and questioned with thoroughness the qualifications of candidates for those responsible posts. The traditions and rules of the Army forbade the Board to pass any applicants except practitioners of the old school; but this duty was performed with faithful discrimination and it is safe to say that no man was commissioned as surgeon in any Connecticut regiment who was incompetent for the post."

tered to by the Hospital Society, were then moved to quarters on Whalley Avenue. The following year the surgeon general leased the building at an annual rate of \$1,000, entitling the army to use of the grounds for temporary barracks and tents. Knight General Hospital had 1,500 beds and treated 25,340 soldiers during its three years of existence. Dr. Pliny A. Jewett was commissioned surgeon of volunteers, with the rank of major, and was put in charge. The hospital was cited among government institutions for having a particularly high rate of recoveries, for of the more than 25,000 treated, "there were but 185 deaths, and of these 11 were accidental."

Jewett was praised for his executive ability, his wisdom, and his medical acumen and promoted to colonel for his services. It is, therefore, not clear why he was briefly held at Fort Lafayette prison. Whatever the charge, however—and quite possibly it was for the accomplishment of his

duties "without going through channels"—he was soon fully exonerated and reinstated, losing neither his rank nor his pay.

In addition to the private practice he had undertaken after medical school, and in which, except financially, he was highly successful, Dr. Jewett also gave private instruction in surgery to medical student-apprentices. As a practitioner, he was deemed "able and discriminating" in both obstetrics and surgery. "As a surgeon," wrote a friend, "he was in advance of the times, not only skillful but exceedingly benevolent, often performing formidable operations without charge." It was in matters of money that he was not a success. Not only was he prodigal; he was convivial and, above all, he was human.

In 1847 Jewett had married Juliet Carrington of Bristol, Connecticut. Their first child, Thomas, interested himself in his father's practice at an early age. He often accompanied the elder Jewett in his visits to the wards at Knight General Hospital, even assisting him in preparing for operations and in dressing wounds. Tom's marriage to the daughter of a doctor in Birmingham, Connecticut, Ambrose Beardsley, nurtured his interest in medicine, and he soon entered the office of his father-in-law as a student. In 1877 he enrolled in the Medical Institution at Yale, receiving his M.D. degree in 1879, and returned to Birmingham to practice with his former teacher. The Pliny Jewetts had two other children: William, who became an architect with an office in New Haven, and a daughter, who married Horace Buck, a prominent lawyer in Fort Benton, Montana.

The reputation of Pliny Jewett as an administrator, gained during the war, had spread outside New Haven and environs and he was invited to take charge of a large sanitarium in Aiken, South Carolina. Though he remained there for several years, the facility was not a success, and he returned to New Haven and to private practice. But he did not return to the faculty of the Medical Institution where he had been professor of obstetrics for seven years, from 1856 to 1863, succeeding Professor Timothy Beers. His former patients, during his extended absence, had been cared for by a former student, Dr. T. B. Townsend, and on his return, Dr. Jewett found himself in somewhat the position of a young practitioner just opening an office. But he became content with his role as consulting physician at the hospital; he was a member of the State Medical Society (active since 1840; its president in 1875) and the New Haven Medical Society, a delegate to various other state societies, and an honorary member of the New York State Medical Society. He was also the president of the State Pharmacy Commission on its establishment in 1881.

During these years, he acquired a reputation as an au-

thority in medical jurisprudence, and from this he obtained his greatest satisfaction. He was called upon to testify in many cases throughout New England and even as far afield as Pennsylvania. In murder trials, railroad suits, and other medicolegal disputes, his opinions were valued for his attention to detail, his sound judgment in diagnosis, his endurance under cross-examination, and his formidable forensic talents—countering differing opinions with wit—and if necessary, ridicule and scorn.

He published little and that only in the last ten years of his life. Most of his articles were printed in the *Proceedings of the Connecticut Medical Society* and dealt with aspects of surgery. One article concerned the practice of eating arsenic, a subject which no doubt had interested him in his work as a medical witness. He indicated that the practice was prevalent among some inhabitants of Hungary and the Tyrol and concluded that, eaten in small quantities, and in gradually increased amounts, arsenic might be taken without ill effect and, in fact, perhaps with good results.

A number of newspaper clippings attest to Pliny Jewett's success as man and practitioner. One letter to a newspaper, published at the time of his death, would have brought him particular pleasure. Signed merely "Veteran," it seems to synthesize the feelings of all his patients, whether suffering from battle wounds or civilian complaints. The letter reads in part: "Many veterans of the late war, who from wounds or disease were, like myself, inmates of the Knight General Hospital during some period of their service will learn . . . of the death of Major Jewett who was the good Samaritan of that institution. So long as we live, we shall hold him in tender and grateful remembrance for, to his skill and fatherly care very many of us under God owe our lives."



The Jewett House
on Wooster Place

Alumni in Medicine Pledge \$2,586,258



Above: Dr. Baumgartner
Left: Dr. Carden
Right: Dean Redlich

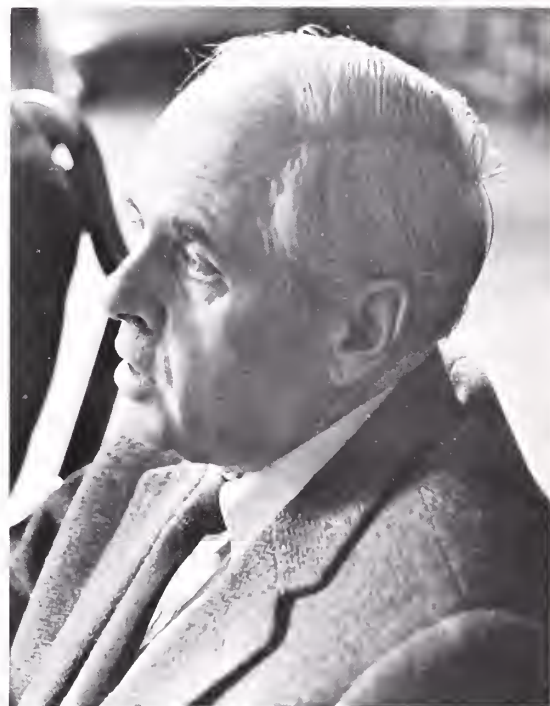
Bequests and trusts have taken Yale's Alumni in Medicine Campaign over its goal. Although gifts are still being recorded, Dr. Leona Baumgartner's announcement on March 31 that \$2,586,258 has been received in gifts and pledges was welcomed by the dean, members of the Campaign Cabinet, and the alumni leadership.

A generous bequest from the estate of the late Frank F. Kanthak, '36, of Atlanta, Georgia, served to dramatize the faith and confidence of alumni in their school of medicine. Dr. Kanthak's gift will ultimately fund a chair in plastic surgery.

Among the most meaningful of the many other gifts and expectations announced were those received from Dr. Baumgartner, '34, chairman of the campaign, and Dean F. C. Redlich.

Of the campaign, President Kingman Brewster, Jr., said, "The results of the Alumni in Medicine Campaign give great heart and boost to all of us working for the Yale-New Haven Medical Center. The participation as well as the dollars ought to convince other constituents that Yale's doctors have both pride and faith in their medical school. We at Yale will now try to vindicate this confidence. We will do our best to persuade others to help Yale medicine live up to its full promise."

Dean Redlich, commenting on Dr. Baumgartner's announcement said, "In these financially stringent times, this demonstration of faith in our goals and integrity—in



spite of some real differences and problems of communication—has renewed my confidence that we can, in fact, preserve Yale as a leader in creative and humane medical science."

Although the active solicitation phase of the campaign ended on March 31, 1970, every attempt will be made by the staff to record additional pledges up to Medical Alumni Day, May 23, when a formal roll of donors will be prepared.



A discussion of the Alumni in Medicine Campaign: Dr. George A. Carden, II (center), president of the Association of Yale Alumni in Medicine, with (from left) Dr. Baumgartner; Robert L. Hart, director of the medical school's Development Office; Dr. Arthur Ebbert, Jr., associate dean; Dean Redlich; Dr. Malvin F. White, vice-president of the alumni association; and Dr. Michael D'Amico, member of the alumni association executive committee.

Alumni In Medicine Campaign Table of Pledges and Gifts Received

Range	No. of Gifts	Amounts
\$500,000 & over	1	\$500,000
300,000 & over	1	360,000
200,000 & over	1	200,000
100,000 & over	3	300,000
50,000 & over	4	210,300
25,000 & over	5	133,653
20,000 & over	3	72,021
15,000 & over	4	60,000
10,000 & over	5	50,000
7,500 & over	3	23,170
6,000 & over	5	30,760
5,000 & over	15	76,500
3,000 & over	24	76,885
2,500 & over	6	15,272
2,000 & over	20	40,770
1,500 & over	50	85,900
1,200 & over	20	24,997
1,000 & over	143	143,453
Other Gifts	794	182,577
Totals	1,107	\$2,586,258

Three alumni who helped put the campaign over the top: Dr. Carden with two members of the national Campaign Cabinet, Dr. Myron A. Sallick and Dr. Abraham J. Schechter.



Internship Appointments *Class of 1970*

John W. Blanton, Jr., pediatrics, Yale-New Haven Medical Center
 Roger J. Branson, pathology, Yale-New Haven Medical Center
 Paul E. Braun, Jr., medicine, University Hospital of San Diego County, San Diego, California
 William R. Burke, surgery, University of Utah Affiliated Hospitals, Salt Lake City, Utah
 Richard A. Charlat, rotating, University of Pennsylvania Hospital, Philadelphia, Pennsylvania
 Lewis M. Chasin, surgery, Los Angeles County-U.S.C. Medical Center, Los Angeles, California
 Henry Chessin, medicine, University Hospitals, Madison, Wisconsin
 Michael J. Chusid, pediatrics, Yale-New Haven Medical Center
 Thomas E. Ciesielski, pathology, Yale-New Haven Medical Center
 C. Norman Coleman, medicine, University of California, San Francisco, California
 Anne M. Curtis, medicine, Yale-New Haven Medical Center
 Michael D. Danzig, medicine, Yale-New Haven Medical Center
 Ronald T. Davis, medicine, University Hospital of San Diego County, San Diego, California
 Daniel F. Dedrick, surgery, Yale-New Haven Medical Center
 James E. DeLano, Jr., rotating, Division of Philadelphia General Hospital, Philadelphia, Pennsylvania
 Margaret E. W. DeLano, pediatrics, Philadelphia General Hospital, Philadelphia, Pennsylvania
 Douglass T. Domoto, medicine, North Shore Memorial Hospital, New York City
 William M. Downs, rotating, Pacific Medical Center-Presbyterian, San Francisco, California
 David K. Dueker, medicine, Pacific Medical Center-Presbyterian, San Francisco, California
 Jonathan Ecker, rotating, Syracuse Medical Center, Syracuse, New York
 Jacob G. Edelson, surgery, Denver General Hospital, Denver, Colorado
 Richard L. Edelson, medicine, University of Chicago Clinics, Chicago, Illinois

Robert A. Epstein, rotating, Mount Zion Hospital, San Francisco, California
 Bruce Arlen Fabric, rotating, Menorah Medical Center, Kansas City, Missouri
 Benjamin G. Fincke, medicine, Beth Israel Hospital, Boston, Massachusetts
 Steven L. Fish, medicine, New York Hospital-Memorial Hospital, New York City
 Henry T. Freeland, Jr., rotating, Kaiser Foundation Hospital, Oakland, California
 Robert D. Gilbert, medicine, University of Washington Affiliated Hospitals, Washington
 Thomas H. Gouge, surgery, Bellevue Hospital Center-University Hospital, New York City
 Charles M. Gross, medicine, Barnes Hospital, St. Louis, Missouri
 Marcus W. Hedgcock, Jr., medicine, University of Kentucky Medical Center, Lexington, Kentucky
 Paul C. Hessler, psychiatry, Institute of Living, Hartford, Connecticut
 Robert H. Hicks, Jr., medicine, Yale-New Haven Medical Center
 Jay H. Hoofnagle, medicine, University of Virginia, Charlottesville, Virginia
 Robert E. Humphreys, medicine, Bethesda Naval Hospital, Bethesda, Maryland
 Robert L. Janco, rotating, David Grant USAF Medical Center, Fairfield, California
 Jonathan D. Katz, surgery, University Hospital of San Diego County, San Diego, California
 Gerard T. Kennealey, medicine, Yale-New Haven Medical Center
 Kenneth A. Khoury, medicine, University Hospital of San Diego County, San Diego, California
 Ely A. Kirschner, surgery, Yale-New Haven Medical Center
 William G. Koehne, pediatrics, University of California, San Francisco, California
 Mark A. Korsten, medicine, Mount Sinai Hospital, New York
 Thomas L. Lewis, rotating, Yale-New Haven Medical Center
 Robert W. McDermott, rotating, North Carolina Memorial, Chapel Hill, North Carolina



Where Are They Now?

In the fall of 1966, as they began the first year of their medical education, five students were photographed for the cover of *Yale Medicine* with their biochemistry instructor, Dr. Thomas F. Emery, now associate professor of molecular biophysics and biochemistry.

Jay W. Marks, medicine, Cedars-Sinai Medical Center, Los Angeles, California
 Roger A. Mason, surgery, Denver General Hospital, Denver, Colorado
 Morris B. Mellon, rotating, Medical Center Hospital of Vermont, Burlington, Vermont
 Frederick J. Menick, surgery, Stanford University Hospital, Stanford, California
 Leonard M. Milstone, medicine, University of Oregon-VA, Portland, Oregon
 James R. Missett, medicine, Stanford University Affiliated Hospitals, Stanford, California
 William K. Mueller, medicine, New England Center, Boston, Massachusetts
 James E. O'Brasky, rotating, Los Angeles County-U.S.C. Medical Center, Los Angeles, California
 John J. O'Brien, surgery, University Hospital, Boston, Massachusetts
 James J. O'Donnell, rotating, Childrens Hospital, San Francisco, California
 C. Lowell Parsons, surgery, Yale-New Haven Medical Center
 Bruce A. Reitz, medicine, Johns Hopkins Hospital, Baltimore, Maryland
 Joseph D. Robinson, medicine, New York Hospital-Memorial Hospital, New York City
 Robert M. Rosa, medicine, Yale-New Haven Medical Center
 Pedro J. Rossello, surgery, Beth Israel Hospital, Boston, Massachusetts
 Joel F. Rubinstein, rotating, Maine Medical Center, Portland, Maine
 Richard A. St. Onge, surgery, Beth Israel Hospital, Boston, Massachusetts
 Ronald M. Sato, surgery, Stanford University Hospital, Stanford, California
 Dennis E. Shield, surgery, Yale-New Haven Medical Center
 Stuart S. Shorr, pediatrics, University Hospitals, Cleveland, Ohio
 Elliott J. Simon, surgery, University of California, San Francisco, California
 Thomas E. L. Singer, rotating, Mount Zion Hospital, San Francisco, California
 Don H. Smith, rotating, Tripler General Hospital, Honolulu, Hawaii
 Frank S. Socha, medicine, VA Georgetown University Hospital, District of Columbia
 Richard J. Solomon, medicine, University of California, San Francisco, California

Philip E. Steeves, medicine, Presbyterian St. Lukes, Chicago, Illinois
 Robert S. Stern, medicine, Mount Sinai Hospital, New York City
 Daniel A. Symonds, pathology, Massachusetts General Hospital, Boston, Massachusetts
 Ray W. Tripp III, pediatrics, Johns Hopkins Hospital, Baltimore, Maryland
 Condit B. Van Arsdall, surgery, San Diego County University Hospital, San Diego, California
 Brian L. Weiss, psychiatry-medicine, New York University Medical Center, New York City
 Anne Weissman, pediatrics, Children's Hospital Medical Center, Boston, Massachusetts
 Joellen Werne, pediatrics, Lincoln Hospital, New York City
 Lynn Whisnant, rotating, Hospital of St. Raphael, New Haven, Connecticut
 Hollis G. Wright II, pediatrics, Mount Zion Hospital, San Francisco, California
 Daniel Wuensch, medicine, Montefiore Hospital, New York City
 Karl O. Wustrack, rotating, University of Oregon Medical Hospitals, Portland, Oregon
 Lawrence A. Yeatman, Jr., medicine, San Diego County University Hospital, San Diego, California
 Marc Yoshizumi, fellowship, nervous and mental disease, Oxford University, England
 Robert S. K. Young, medicine, Mount Sinai Hospital, New York City

Ready to Graduate as Yale M.D.'s

Standing in the same order and looking at themselves as they were four years ago are Jay W. Marks, Robert H. Hicks, Jr., Philip E. Steeves, Lynn Whisnant, and Robert A. Epstein.



Immunologist and Internationalist

Faculty Profile: Byron Halsted Waksman, M.D.
Professor of Microbiology



I work in the firm conviction that there is medical relevance, very important medical relevance, to what people like me are involved with. Not me particularly—it may turn out that my own work is not so relevant. But I think it would be the most horrendous mistake for the country to withdraw support from basic science."

Ever since his internship—with the exception of a period during World War II when the army assigned him as a psychiatrist—Dr. Waksman's career has been devoted to a kind of research that is not immediately and obviously solving specific medical problems. Although its overall relevance to medicine has been brought to the attention of laymen recently in connection with problems of human organ transplantation, especially graft rejection, Dr. Waksman's work in immunology has been concerned with the fundamental mechanisms underlying a wide range of immune reactions.

His involvement in science began in early childhood and was closely related to his love of nature and the out of doors. His interests then as today, however, were extremely diverse, and his choice of a career was far from predetermined. Languages attracted him from the time he learned to speak French at the age of five, and he has mastered many of them and forgotten a few. He now has a good command of French, German, Spanish, Italian, Russian, and Portuguese, along with enough speaking knowledge to get by in a number of other tongues. Before

going to a country new to him, he simply learns the language, as he is doing this spring for a trip to Sweden. He has frequently lectured in French, and last summer in Rio de Janeiro gave a series of immunology lectures in Portuguese at the University of Guanabara.

Music has been a second major avocation throughout his life, and he plays both viola and piano in chamber music groups. "I get a lot of pleasure out of it," he says, "but I don't practice, and one can't be very good without practice. I suppose I considered music too severe a discipline to be a comfortable profession. In the long run, like most people, I sought an occupation that seemed to me in some way constructive at the same time as giving me pleasure and corresponding to whatever talents I possessed. I felt that getting into science would fulfill this general objective. Also, my father was a scientist, and it seemed to me a valid occupation."

His father is Selman A. Waksman, the microbiologist who isolated streptomycin and many other antibiotics and who won the Nobel Prize in Medicine and Physiology in 1952. The elder Waksman had come to this country from the Ukraine as a student in 1910 and took his bachelor's and master's degrees at Rutgers University. Byron Waksman's mother, who came to the United States a few years later from the same village in the Ukraine, was a member of the International Ladies' Garment Workers' Union in its early days. Their son and only child was born in New York City on September 15, 1919, after his father had completed his doctorate at the University of California and returned east to teach at Rutgers.

Byron Waksman's enthusiasm for languages was reinforced by his frequent travels with his family. In the summer of 1924, while his parents were attending scientific



Dishwasher in his father's laboratory at Woods Hole in the summer of 1935, young Byron was photographed with Selman A. Waksman and two graduate students.

meetings, he stayed on a farm in Switzerland and became as fluent in French as only a five-year-old can in a language not his own. On his second trip to Europe, when he was ten, he learned to speak German. "I remember standing with my father on the back platform of a train, conversing in German. For every correct German word I used in a sentence he would give me a pfennig on account. I managed to build up a fairly large imaginary bank balance talking German with him." On that same trip he was taken for the first time to Russia where he met his grandparents and his uncles, with one of whom he later corresponded in Russian for several years.

His last visit to Europe before World War II was a bicycle tour of England, France, and Switzerland made when he was eighteen. He spent a month on his own in Paris and went to the opera three times a week. "The whole budget for an evening was 35 cents, and that included the metro fare, a chocolate on the way, a drink during intermission, the program, and of course the ticket. I had a gloriously good time on that trip, and the bicycle habit has stayed with me. I still have the same bike, and I use it all summer at Woods Hole."

Woods Hole has played a particularly important role in Dr. Waksman's life. His father had a laboratory at the Oceanographic Institute, and the family spent nearly every summer there while Byron was growing up. He was always involved in the biological activities of the small community, first as a student at the Woods Hole science school for children and later working as a dishwasher in his father's laboratory and in the supply house of the Marine Biological Laboratory. During his college years he took a summer course in protozoology at the Marine Biological Laboratory.

Dr. Waksman graduated from Swarthmore College in 1940, and then entered the University of Pennsylvania Medical School. His choice of medicine at that stage was motivated by two quite different considerations. The first was his realization that at least some areas of biological research require human experimentation. "In general, Ph.D.'s are largely excluded from that side of biological science. So I thought that by getting an M.D. I would keep all my options open." The other factor influencing his choice was the substantial degree of anti-Semitism that still existed in American universities in 1940. "My family had a friend in academic life who convinced me that it would be difficult or impossible for anyone Jewish to attain a tenured position in an American academic institution. From where I sit now, his point has no relevance, but at the time it seemed entirely realistic."

Dr. Waksman finished medical school in December 1943 and served a nine-month rotating internship at Michael Reese Hospital in Chicago before entering the army. For

nearly a year he was stationed in France as a psychiatrist with a general hospital, and then served with the military government in Bavaria as a public health officer and later as a general ward officer. He held the rank of captain when he was discharged in 1946.

Return to Basic Science

"Once I got into medicine, I was very much seduced by it, and by the time I got out of the army I was not at all clear about what I wanted to do. So I took a fellowship in internal medicine at the Mayo Foundation, and it was there that I recaptured my interest in basic science." The fellowship was a three-year program, almost entirely clinical in character. After two years, the National Institutes of Health



Dr. Waksman, active in international health affairs, at a meeting of a World Health Organization committee held in Geneva. His colleagues included (from left) Dr. Grabar of France and Drs. Baroyan and Ado of the Soviet Union.

offered him a postdoctoral fellowship with Michael Heidelberger at Columbia University for graduate study in chemistry and original immunologic research. His colleagues at Mayo, who were strongly oriented toward clinical medicine, felt that he was destroying his career by returning to basic science, but the opportunity to work with Dr. Heidelberger, the father of modern immunochemistry, was the deciding factor for Dr. Waksman. Although he remained with Heidelberger only a year, the decision marked an important turning point in that it set him on the course that was to lead to the important work on which he has become an outstanding authority—cell-mediated hypersensitivity and the role of the thymus gland in immune reactions.

In 1949 he was offered a post at the Massachusetts General Hospital in the laboratory of L. Raymond Morrison, a

neuropathologist. At the same time he was appointed a research associate in the Department of Neuropathology at Harvard. Three years later he moved to Harvard's Department of Bacteriology and Immunology and in 1957 was promoted to an assistant professorship. During this period he served as a bacteriologist with the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary. He came to Yale as professor of microbiology in 1963, and the following year he succeeded Dr. Edward A. Adleberg as chairman of the department.

Dr. Waksman's first studies, carried out with Morrison at Massachusetts General, were primarily morphologic investigations. Dr. Morrison's laboratory was one of several that had developed an easy and rapid way to produce an autoimmune disease of the nervous system in experimental animals. The disease, called autoallergic encephalomyelitis, was the first reproducible experimental model for human demyelinating diseases of unknown origin, including multiple sclerosis. It was clearly immunological in that an animal immunized with neural components experienced an allergic reaction to its own nervous tissue. That was all that was known at the time Dr. Waksman began to work on the problem. He established that an essentially identical lesion was present in experimental autoallergic encephalomyelitis, in other experimental autoallergic diseases (affecting the thyroid, adrenal, and other organs—there are twenty of these diseases by now), and in reactions of the type known at that time as infectious allergy or delayed hypersensitivity.

The mechanism of these processes had been little studied. "Scientists often behave like the man in the story who looked for his key under the streetlight because that was where the light was brightest, even though the key had been dropped somewhere else. They tend to choose problems that appear easy or particularly promising. For this reason immunology developed until 1950 almost entirely as the study of circulating antibodies. Delayed reactions, now called 'cell-mediated immune reactions,' proved not to be mediated by antibody but by lymphocytes in the blood stream. It is only now that we are beginning to understand the mechanism of this important group of phenomena, which includes infectious (tuberculin-type) allergy, contact allergy, transplantation immunity, the rejection of solid tumors, and the experimental autoallergies."

After his early morphologic studies, Dr. Waksman made several significant contributions toward this increased understanding. Using sophisticated labeling techniques, he identified and traced the cells that participate in producing the lesions, and he carried out the first general study of antilymphocyte serum as a tool to suppress cell-mediated reactions significantly by knocking out the cir-

culating lymphocytes. His laboratory was one of the first to discover, in the early 1960s, that the thymus gland plays an important role as the source of these lymphocytes and that cell-mediated immunity or hypersensitivity, including the ability to reject tissue grafts, is absent in animals thymectomized at birth. Two other groups of investigators, one in Minnesota and one in England, were simultaneously working in the same direction, and all independently reported the first studies on neonatal thymectomy.

Since he has been at Yale, Dr. Waksman and his collaborators and students have continued and elaborated these same lines of research. The lymphocyte in cell-mediated reactions has been shown to release physiologic mediators with powerful effects on innocent bystander cells, leading in some instances to their death and in others to increased activity. The use of newer labeling methods has permitted the identification of cells that participate secondarily in these reactions as bone marrow-derived macrophages. These become activated in the reaction itself and acquire new properties important in immunity to intracellular parasites, bacterial or other. In a series of studies, Dr. Waksman's laboratory was able to establish that foreign antigen, acting on lymphocytes as they mature within the thymus, induces specific immunologic tolerance, and the mechanism of the antigen-cell interaction that leads to tolerance is now being studied in *in vitro* systems.

Dr. Waksman's principal interest at the present time is the nature of the maturation which lymphocytes undergo within the thymus. This undoubtedly important event provides them with those biochemical attributes which immunologists call "immunocompetence," that is, the ability to circulate through peripheral lymphoid organs such as the spleen and lymph nodes and to participate in the development of cell-mediated immunity or the formation of antibody.

One of his principal concerns as chairman has been to encourage the exchange and cross-fertilization of ideas among individuals who may be dealing with immune reactions in widely separated areas of study and application. With other faculty members of his own department and in collaboration with interested members of other departments, both preclinical and clinical, he set up an interdepartmental Immunology and Transplantation Study Unit which holds a weekly workshop and invites as seminar speakers people who are working on different topics within the broad area implied by its name. Immunology at Yale now touches fundamental problems in fields of medicine as diverse as hematology, infectious disease, allergy, rheumatology, neoplasia, and transplantation.

The National Institutes of Health have supported much of Dr. Waksman's research during the past fifteen years.

He has also received substantial aid from the National Neurological Research Foundation and the National Multiple Sclerosis Society. His scientific publications now number approximately 150.

In his professional affiliations, Dr. Waksman has been active in more than a dozen scientific societies in this country and abroad. This spring he became president of the principal scholarly society in his field in the United States, the American Association of Immunologists, in which he had previously been secretary-treasurer and councillor. He has also served the National Institutes of Health in various capacities, including membership on the Microbiology Fellowships Panel and the Immunobiology Study Section. He is currently on the Subcommittee on Immunological Diseases of the Committee on Transplantation of the National Academy of Sciences-National Research Council. In addition he serves on the World Health Organization's Expert Committee on Immunology.

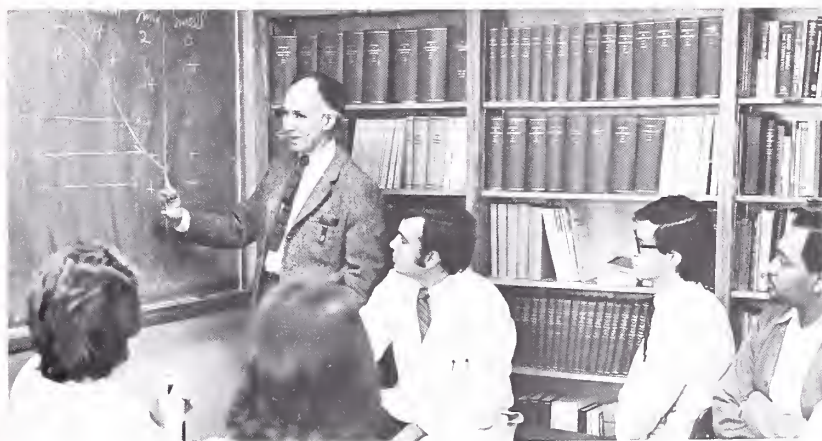
Since 1962 he has acted as co-editor with Paul Kallós in Hälsingborg, Sweden, of *Progress in Allergy*. He has also been an associate editor of several other scientific publications including the *Journal of Immunology*, *Cellular Immunology*, and *Bacteriological Reviews*. He is concerned, however, about the amount of time the contemporary scholar must spend on essentially administrative duties outside his own institution. "The reading of manuscripts as

a referee for journals, the work on study sections and similar bodies, and jobs for professional societies—these add up to a great deal of time and can become a fantastic burden. Every one of my colleagues past forty suffers from this burden to a substantial degree."

Sabbatical Plans

This summer Dr. Waksman will begin a year's sabbatical, most of which he will spend at the National Institute for Medical Research in London working with Dr. N. A. Mitchison whom he describes as "the most imaginative scientist in the field I'm in." He expects to spend this period working full time in the laboratory, probably on the relative roles of thymus-derived and bone marrow-derived lymphocytes in the rejection of transplanted tumors of different biological types. Like most of his colleagues, he considers that this sort of sabbatical activity, free from administrative and teaching obligations, is essential to his continued effectiveness as a working scholar and teacher.

Joyce Robertroy Waksman, presently completing her studies at Yale for the Master of Public Health degree, will accompany her husband abroad and will do field work for her thesis in addition to taking courses at the London School of Hygiene and Tropical Medicine. Mrs. Waksman, who is a registered nurse, was training at Michael Reese



Meeting with members of his laboratory group, Dr. Waksman reviews research data. His laboratory serves as a focal point for collaborative work by young investigators of many nationalities.

Right: During his forthcoming sabbatical Dr. Waksman will continue his important laboratory research on the role of the thymus gland in immune reactions.



Hospital when she met Dr. Waksman during his internship. They were married in 1944. Since their children have grown up, she has returned to school, first to complete her bachelor's work at Southern Connecticut College and more recently to take the urban studies program at the Yale School of Public Health.

Nan, the older of the Waksman's two children, is a sophomore at Swarthmore. Her father describes her as "an intense young woman whose interests have shifted from the theater to the study of comparative religions. She has become fascinated with the history of the Middle East and has started to learn Hebrew, having the same aptitude I have for languages." She likes children and enjoys teaching, and plans to work in the Philadelphia area this summer in a school for deprived children.

Peter Waksman graduates from the Barlow School this spring and will probably join his parents for their year abroad, perhaps taking another year of precollege work in London. Like his father, he is attracted to biology and music. At the time Peter was born, Dr. Waksman was in Sweden attending the ceremony at which his own father was awarded the Nobel Prize, and he has some interesting thoughts on father-son relationships. "In my formative period as an adolescent, people would say to me, 'Are you going to follow in your father's footsteps?' and I was quite emphatic in saying that I was not. I'm aware that children of famous fathers sometimes have a difficult time, but in retrospect I don't believe I have developed any serious complexes on this subject. I am very fond of my father, admire him a good deal, and don't have any urge to compete with him."

On the wall of Dr. Waksman's office in Brady Memorial Laboratory is a large handmade poster entitled simply "1969." It consists of snapshots of all the members of his laboratory group who last year presented the poster to him as a Christmas card. "It's a fairly international establishment," he says. "Of the five postdoctoral fellows, one is Scottish and one German, and we have a graduate student who is a Taiwanese M.D. My first collaborators at Harvard were a Canadian and a Yugoslav. Of the research that's been done in our laboratory, a substantial part has always been done by foreign visitors." In this respect Dr. Waksman's laboratory is like other laboratories engaged in pioneering research, whether in this country or abroad, in that they serve as focal points for collaborative work by young people of many nationalities.

A strong advocate of internationalism in science, Dr. Waksman is particularly aware of the degree of freedom his language skills allow him in his reading of scientific literature. But beyond this advantage he values the cultural and human exchange that language makes possible.

"When I travel abroad, I feel that I can get close to people quickly without intermediaries."

Beside the photographs of his wife and children on his desk there is another picture he displays with obvious delight. It shows a young man in a professorial pose—glasses halfway down his nose, hair bushing out over his ears, hands jammed in pockets, and abdomen thrust forward. This takeoff of Dr. Waksman's classroom style, by a second-year medical student, has become a perennial highlight of the second-year class show, and the subject is pleased and flattered by the impersonation. The picture does not accurately reflect Dr. Waksman's appearance, however: he does not have a paunch. At fifty he keeps physically trim by playing squash a couple of times a week. He has always enjoyed sports and exercise, especially hiking in the mountains which he did frequently with his children while they were growing up. As a student at Swarthmore, he organized and coached a fencing team, and among his other hobbies are sailing, skiing, and gardening.

Teaching and Research

"Our favorite immunologist," as the inscription on the picture calls him, thoroughly enjoys his contacts with students, as is apparent in the vitality of his teaching. "I like teaching a great deal. What I teach represents a compendium of the insights gained in my endeavor to un-

Nan Waksman, now a college sophomore, started hiking at an early age with her father.



derstand better the problems I work on in the laboratory. If this were not so, the teaching would be cut and dried. It would be out of a book, and a student can read a book without me.

"I believe, in spite of a lot of propaganda to the contrary, that in a school of really high quality like Yale you need people teaching the basic sciences who are themselves scientists—people who know the ramifications of which their fields are capable, including their relevance to medical problems, and who think about problems as problems."

This conviction parallels his deep concern for the future of basic scientific research and the consequences of current cutbacks in federal support. "It's impossible to do the arithmetic that's implied in solving problems in basic science. But take something like poliomyelitis, a really devastating disease that by the mid-fifties caused endless suffering and great expense to society in terms of lost manhours, hospital beds, and all the rest. The problem was really solved by the basic work of people who were not trying to deal with polio as a practical disease, mainly by John Enders, who developed methods of studying viruses in tissue culture. The public tends to focus attention on the person who makes the final step, in this case the man who worked out the vaccine. But his contribution was secondary; it was Enders' contribution that made the vaccine possible.

"In the same way my father's work underlay the whole development of antibiotics because he was interested in the soil microorganisms that later turned out to be the most potent sources of these products. When he finally realized the possibilities, he isolated about a hundred antibiotics by himself in a very short period of time, several of which are in current use. He has devoted his whole life to a type of basic science which many congressmen in recent years would have thought irrelevant. They wouldn't have supported it, and they would have been wrong because, of course, antibiotics have completely transformed contemporary human life.

"I'm convinced that our society has enormous benefits yet to obtain from fundamental research in many areas, and I don't think anybody's wise enough to pick the areas which will prove fruitful. You simply have to let bright people work on the things they're curious about."

Peter Waksman shares his father's enthusiasm for music. On a recent weekend they played together while Mrs. Waksman listened appreciatively.



A Tribute to Dr. Senn

"Disadvantaged Children: What Have They Compelled Us to Learn?" was the subject of a workshop-seminar held on March 13 in honor of Dr. Milton J. E. Senn, Sterling Professor of Pediatrics and Psychiatry, who will retire this year from active service in the Yale Child Study Center.

The twenty participants in the seminar included some of Dr. Senn's long-term associates and friends, as well as his former students. The event was in part a prelude to the White House Conference on Children scheduled for December of this year, since several of the participants are on the planning committee for the Washington conference.

The theme underscored in the seminar was: treat the child as a person, not a learning machine. The participants concluded that too much emphasis is currently being placed on the cognitive development of children, while not enough is put on their social and emotional growth.

Dr. Senn was a pioneer in formulating a comprehensive approach to child care that treats the child's social and emotional problems, as well as his physiological ones. He established the Child Study Center in 1948 and served as its director until 1966 when he was succeeded by Dr. Albert J. Solnit, the present director.



Dr. Senn

Dr. Solnit, chairman of the seminar, and Professor Erik Erikson of Harvard, sat on either side of Dr. Senn during the formal session of the workshop.





Above: Dr. A. Herbert Schwartz and Dr. Seymour Lustman, both of the Yale Child Study Center, with Dr. Julius Richmond (center), dean of the College of Medicine, Upstate Medical Center, State University of New York at Syracuse, who made the principal presentation.

Dr. Robert Kugel (right), chairman of the Department of Pediatrics, University of Nebraska College of Medicine, with Yale participants Dr. Solnit, Dr. Melvin Lewis, and Dr. Edward Zigler (in background).

Below: Dr. Sally Provence of the Child Study Center with Dean Redlich and Dr. Senn.



Below: Professor Erikson; Dr. Morris Green, chairman of the Department of Pediatrics at Indiana University Medical Center; and Dr. Dane Prugh, head of the Child Psychiatry Unit at the University of Colorado.



Above: Dr. Bertram Brown (right) of the National Institute of Mental Health with Dr. Lewis and Dr. Martha Leonard of the Child Study Center and the Department of Pediatrics at Yale.

In and About Sterling Hall



Dr. Gallagher

Faculty Awards and Honors

Dr. J. Roswell Gallagher, clinical professor of pediatrics, was one of three medical scientists selected to receive the Foneme Prize for 1970. The award, which is in recognition of Dr. Gallagher's outstanding contributions in the field of human development from adolescence to maturity, is to be presented May 10 in Milan, Italy, at the Foneme Institute for Studies and Research in the Field of Human Development. Dr. Gallagher, who is the only American among this year's recipients, plans to be in Italy to receive the award, which consists of a gold medal and certificate in addition to a cash prize.

Dr. Augustus A. White, assistant professor of orthopedic surgery, was honored in January by the United States Junior Chamber of Commerce, which named him one of the Ten Outstanding Young Men in 1969. Awards were presented at the organization's annual congress in Santa Monica, California, to Dr. White and nine other recipients selected on the basis of superior achievement and contribution to society. Dr. White was an orthopedic surgeon in Vietnam where, in addition to performing outstanding medical service with the military, he worked as a volunteer with patients in a leper colony situated near his base hospital. He later presented his research findings on the surgical problems of leprosy to the American College of Surgeons.

Dr. Aaron B. Lerner, professor of dermatology, received the Myron

Gordon Award at the VII International Pigment Cell Conference in Seattle last fall. The award is the highest scientific honor given in the field of pigment cell research. The citation to Dr. Lerner proclaimed "appreciation and respect for the following meritorious contributions: isolation, purification, and determination of the structure of the melanocyte stimulating hormone (MSH); purification and determination of the structure of melatonin, a potent melanosome-aggregating substance which comes from the pineal organ; development of reflectometric techniques for the bioassay of MSH, which was prerequisite for the purification and characterization of the melanocyte stimulating hormone; and for other studies in pigment cell physiology, biochemistry, and pathology too numerous to mention."

Endowed Lectureships

The Samuel Clark Harvey Lecture was presented on March 9 by Dr. Frank J. Lepreau, Jr., of the Albert Schweitzer Hospital in Port-au-Prince, Haiti. Dr. Lepreau spoke on "The Development and the Treatment of Tuberculosis."

Dr. Derek Denny-Brown of the Harvard Medical School delivered the second Bernard A. Rogowski Memorial Lecture on March 17. His topic was "The Intrinsic Regulation of Sensory Input in Lissauer's Tract and the Engima of the Descending Trigeminal Root."

Dr. Donald W. Seldin of the University of Texas Medical School at Dallas, who is a Yale medical alumnus of the class of 1943, delivered the John P. Peters Lecture on April 7. His topic was "The Regulation of Sodium Excretion in Normal and Edematous States."

The Grover F. Powers Lecture was given March 25 by Dr. Norman Kretschmer of Stanford University School of Medicine who spoke on "The Creation of a Human Biologist: A New Curriculum."

Faculty Notes

Dr. Arend Bouhuys, professor of medicine and epidemiology, has been appointed the United States representative on the Committee on Respiration of the International Union of Physiological Sciences. A leading authority on byssinosis, Dr. Bouhuys has also been named chairman of the Subcommittee on Byssinosis of the Permanent Commission and International Association on Occupational Health. Last fall he presented a report of the subcommittee to the XVI International Congress on Occupational Health, meeting in Tokyo, Japan.

During his visit to Japan, Dr. Bouhuys spent three days as the guest of the Center for Adult Diseases in Osaka where he and members of the center staff discussed cooperative work on the prevalence of respiratory diseases in the United States and Japan. He also gave a seminar on his research at Keio University in Tokyo, after which his host, Dr. Tetsuro Yokoyama, presented him with a very beautiful Japanese bamboo flute. It was a particularly appropriate token of appreciation in view of Dr. Bouhuys' interest in the physiology of playing wind instruments.

Dr. Philip K. Bondy, C. N. H. Long Professor of Medicine, went to Rome in February to attend a meeting of a committee set up to investigate and advise on the state of medical education in Italy. The committee is sponsored jointly by the Italian Academy of Sciences and the Josiah Macy, Jr., Foundation. Dr. Vernon W. Lippard, dean emeritus and a consultant to the Macy Foundation, also attended the meeting in Italy. (See *Yale Medicine*, Winter 1970.) In March, Dr. Bondy was visiting professor of endocrinology at the University of Kentucky, and in April he participated in a postgraduate symposium on physiology sponsored by the American Physiological Society in Philadelphia. Other medical schools at which he has recently served visiting professorships include the University of North Caro-

lina at Chapel Hill and Washington University in St. Louis.

Dr. William H. Prusoff, professor of pharmacology, gave the opening lecture on February 13 in the 1970 "Science and the Citizen" series sponsored by Yale University. His subject was "Fraudulent Chemotherapy." The final lecture in this year's series was delivered by Dr. Philip K. Bondy, who spoke April 17 on "Unsolved Problems of Diabetes."

Dr. Gerald Klatskin, David Paige Smith Professor of Medicine, was the recipient last fall of the Honor Award of the American Medical Writers Association. During recent months he has been a visiting professor at St. Louis University, the University of Texas at Dallas, and the University of California at San Francisco and at La Jolla. This summer he will take part in the meeting of the International Society of Liver Disease in Copenhagen, Denmark, in July. He will also be a participant in two symposiums in London, one on Australia antigen, sponsored by the Ciba Foundation, the other on hepatic injury, at the Royal Free Hospital.

Dr. Albert J. Solnit, professor of pediatrics and psychiatry and director of the Child Study Center, will go to Israel this summer where he will attend the VII Congress of the International Association for Child Psychiatry and Allied Professions. He will take part in a symposium on fatal illness and death in the family. In addition, he will attend a meeting in Jerusalem of the Israel Psychoanalytic Society and its American corresponding members. As president of the American Association of Child Psychoanalysis, Dr. Solnit presided at the organization's Annual Scientific Conference in Hershey, Pennsylvania, in April. He is also currently president-elect of the American Academy of Child Psychiatry.

Other faculty members in the Child Study Center participating in professional meetings include Dr. Samuel Ritvo, clinical professor of psychiatry, who is chairing a panel on the genetic,

dynamic, and adaptive aspects of dis-sent at the annual meeting of the American Psychoanalytic Association in May. Dr. Ritvo was recently elected to the executive council of the International Psychoanalytical Association.

Dr. Melvin Lewis, associate professor of pediatrics and psychiatry, has been named the liaison member for the American Academy of Child Psychiatry to the American Association for Child Care in Hospitals. He is currently president of the Connecticut Council of Child Psychiatrists.

Dr. Seymour L. Lustman, professor of psychiatry, is serving as editor of Volume IV of the report of the Joint Commission on Mental Health for Children, for which he is chairman of the Task Force on Research, Prevention, Rehabilitation, and Manpower.

Dr. James P. Comer, assistant professor of psychiatry in the Child Study Center and associate dean, was recently appointed by Governor John Dempsey to the State of Connecticut Board of Pardons.

Journal Honors Dr. Barron



Dr. Barron

The December 1969-February 1970 issue of the *Yale Journal of Biology & Medicine* honors Professor Donald H. Barron, "biologist, anatomist, neurophysiologist, physiologist, teacher, and leader in the field of fetal physiology."

Professor Barron, who retired from the Yale School of Medicine in June 1969 after twenty-six years on the faculty, is now J. Wayne Reitz Professor of Reproductive Biology and

Medicine at the University of Florida in Gainesville.

The ten articles in the issue cover a variety of subjects on which Dr. Barron has worked, including osmotic flow, uterine catheters and acid-base balance, uterine oxygen supply, uterine venous drainage, fetal oxygenation, and oxygen dissociation curves. A bibliography of Dr. Barron's extensive publications is also a part of the issue.

In the foreword, Dr. Louis H. Nahum, lecturer emeritus in physiology, describes Dr. Barron as a man of "indomitable courage and will to become a scientist, to achieve mastery in teaching and to create a discipline in fetal physiology that is a model of persevering work and achievement."

Guest editors of the special issue are Giacomo Meschia, professor of physiology at the University of Colorado Medical Center, and Alexander Mauro, associate professor at Rockefeller University, both of whom formerly worked with Dr. Barron at Yale.

New Books

PRACTICAL BLOOD TRANSFUSION by Douglas W. Huestis, M.D., professor of pathology, University of Arizona; Joseph R. Bove, M.D., associate professor of laboratory medicine, Yale School of Medicine; and Shirley Busch, M.P.H., technical director, Mid-America Red Cross Blood Program (Little, Brown). This book is the third in a new series of volumes entitled "Series in Laboratory Medicine." It contains a compendium of information dealing with the latest procedures in blood transfusion, collection, storage, and preservation, and includes chapters dealing with such related subjects as the selection of blood donors, pre-transfusion testing, the laboratory testing of donor blood, blood group immunology, and blood group systems. Dr. Bove's contributions to the book are enhanced by his experience as director of the blood bank at Yale-New Haven Hospital.

The information is both detailed and wide-ranging in its effort to cover the subject both clinically and practically. Such practical considerations as the motivation of donors, the organization of donor service groups and bloodmobiles, and the medicolegal aspects of the area find deserved attention in this new encyclopaedic study, aimed at optimum clinical results on the one hand and, on the other, at maximal patient safety.

TRAINING TOMORROW'S PSYCHIATRIST: THE CRISIS IN CURRICULUM edited by Dr. Theodore Lidz, professor of psychiatry, and Dr. Marshall Edelson, associate professor of psychiatry (Yale University Press). This valuable addition to the literature on the development of training curricula for psychiatry departments is an outgrowth of a 1969 sectional conference of New England professors of psychiatry sponsored by the N.I.H. and held in New Haven. The topic under consideration was "New Ways of Training Psychiatrists and Training Psychiatrists New Ways." Four of the papers presented at the conference have been selected for publication here.

Need for the new proposals has arisen out of the new demands on psychiatry, as well as on medicine, for providing adequate medical care on a vast scale. To compound the problem, new aspects and methods of treatment—group and family therapy, community therapy, advances in psychopharmacology, to name but a few—make even greater demands on the graduate and postgraduate curriculum.

Although the book does not presume to resolve all the problems raised in connection with the current teaching of psychiatry and its place in the curriculum, the four contributors present new and imaginative proposals for sound foundations in psychiatric teaching, practice, and research. This work is available as a paperback as well as in a hard-cover edition.

CLINICAL GASTROENTEROLOGY by Dr. Howard M. Spiro, professor of medicine (Macmillan). This up-to-date and comprehensive volume (1011 pages) which is directed primarily to general practitioners, pediatricians, and surgeons, embodies Dr. Spiro's fifteen years of experience in the field. It is organized into nine large sections covering disorders of the stomach and intestinal tract, with subdivisions in each section where the author deals with structural, congenital, and infectious disorders as well as abnormalities. The book is copiously illustrated with histological sections, anatomic drawings, photomicrographs, and x-ray reproductions. Bibliographical references follow each section for those seeking additional material. An appendix includes dietetic suggestions for a variety of gastrointestinal disorders, and there is a full and detailed index.

HISTORY AND HUMAN SURVIVAL by Dr. Robert Jay Lifton, Foundations Fund for Research in Psychiatry Professor of Psychiatry (Random House). Subtitled "Essays on the Young and Old, Survivors and the Dead, Peace and War, and on Contemporary Psychohistory," this latest volume by Robert Lifton is a collection of recent writings reprinted from a wide variety of journals, including the *Atlantic Monthly*, *Partisan Review*, *Daedalus*, and the *New Republic*. In his exploration of historical concerns and dilemmas, past and present, Dr. Lifton has applied psychological methods in seeking to interpret man as he adapts to his existence under complex and radically changing sets of circumstances.

Stanhope Bayne-Jones, M.D.

Dr. Stanhope Bayne-Jones, a former dean of the Yale School of Medicine and a leading medical educator and pioneer in the field of public health, died at his home in Washington, D.C., on February 20, 1970. He was 81 years old.



Dr. Bayne-Jones

Dr. Bayne-Jones, who was dean of the medical school from 1935 to 1940, was a native of New Orleans. He was graduated from Yale College in 1910 and received his M.D. degree in 1914 and an M.A. degree in 1917 from Johns Hopkins University.

In World War I, Dr. Bayne-Jones served as a major in the Army Medical Corps and was awarded the Silver Star, the British Military Cross, and the Croix de Guerre. During the Second World War he served in the office of the surgeon general with the rank of brigadier general, receiving at the end of the war the United States Typhus Commission Medal, the Distinguished Service Medal, and the O.B.E., degree of Honorary Commander, from the British government.

In the 1920s Dr. Bayne-Jones was a member of the faculty of the Johns Hopkins University School of Medicine and later of the University of Rochester. A bacteriologist, he was

also director of the Rochester Health Bureau Laboratories. In 1932 he came to the Yale medical school as professor of bacteriology, where he remained until 1947.

From 1947 to 1953 he served as president of the Joint Administration Board of New York Hospital-Cornell Medical Center, and from 1952 to 1956 he was technical director of research for the Army Medical Research and Development program.

Dr. Bayne-Jones was president of the Society of American Bacteriologists in 1929 and of the American Association of Pathologists and Bacteriologists in 1940. He also served on the boards of several other medical and health foundations. He received an honorary degree from Yale and from a number of other universities including Johns Hopkins, Tulane, Ohio State, and Western Reserve.

From 1932 to 1938 he was master of Trumbull College, and he served as a fellow of the Yale Corporation from 1956 to 1957.

At the time of his death, he was working with the Army Medical Corps Historical Unit at the National Institutes of Health. Burial was in Arlington National Cemetery.

He is survived by his wife, the former Nannie Moore Smith.

In 1946 medical students established a Bayne-Jones Book Fund at the Yale Medical Library for the purchase of books on bacteriology. Additional gifts to this fund may be made in his memory.

E. Richard Weinerman, M.D. and Shirley B. Weinerman

E. Richard Weinerman, professor of public health and medicine, and his wife, Shirley, were killed on February 21 when the Swiss airliner in which they were flying to Israel crashed, apparently as a result of sabotage.

Dr. Weinerman and his wife were on a three-month sabbatical trip to study the health care systems of Israel,



Shirley and Richard Weinerman

Japan, and New Zealand. They planned to write a companion volume to their study of such systems in Eastern Europe (see *Yale Medicine*, New Books, Fall 1969).

A native of Hartford, Dr. Weinerman was graduated from Yale in 1938 with a B.A. degree. He received an M.D. degree from Georgetown University in 1942 and an M.P.H. degree from Harvard in 1948. His specialty training was in internal medicine.

In the fall of 1948 he became head of the Division of Medical Care at the University of California School of Public Health. Unwilling to compromise his ideals by signing the loyalty oath required by the state, he joined the Kaiser Foundation Health Plan. Five years later, in 1953, he went into private group practice and was, at the same time, named medical director of the Herrick Memorial Hospital Clinic in Berkeley.

He joined the Yale medical faculty in 1962 and was appointed director of ambulatory services at the Yale-New Haven Hospital. He gave up the latter post in 1968 to head the Section of Health Services Administration in the Yale Department of Epidemiology and Public Health.

At the time of his death, Dr. Weinerman was a consultant to the Community Health Foundation, a member of the visiting committee of the Harvard University Health Services, consultant on Indian Health to the United States Public Health Service, a member of the Connecticut Advisory Committee to Medicaid, and a member of

the Committee of 100 for National Health Insurance.

He was chairman of the Medical Care Section of the American Public Health Association from 1965 to 1968 and was a past national president of Delta Omega, public health honor society. In 1950 he was a traveling fellow for the World Health Organization and in 1967 received a senior faculty award from the Commonwealth Fund.

Shirley Basch Weinerman, a graduate of Smith College in 1940, collaborated with her husband on many of his writing projects and was assisting him in his survey of health services in countries around the world.

Survivors include their two children, Jeffrey, a teacher in San Francisco, and Diane, a senior at Oberlin College, as well as Dr. Weinerman's parents, Mr. and Mrs. David T. Weinerman, and Mrs. Weinerman's parents, Mr. and Mrs. Charles Basch, all of West Hartford.

A resolution passed by the Yale School of Medicine Board of Permanent Officers reads in part: "Many members of the Board of Permanent Officers knew Richard Weinerman well and enjoyed his friendship. All of us have been moved by his untimely death and wish to put on record our appreciation of his work and our sympathy for the bereaved members of his own and his wife's family."

A memorial fund has been established to honor the memory of Dr. and Mrs. Weinerman. Colleagues and friends who wish to contribute may make checks payable to Yale University for the Dr. and Mrs. E. R. Weinerman Memorial Fund and mail them to Yale University School of Medicine, Department of Epidemiology and Public Health, attention of Dr. J. S. Beloff, 60 College Street, New Haven, Connecticut 06510.

Alumni News



Dr. Flynn

1930

J. EDWARD FLYNN has been promoted to professor of clinical surgery at Tufts Medical College in Boston. He has also been elected to membership in the International Surgical Society.

1937

WILBUR J. JOHNSTON has been named president of the Northeastern Society of Orthodontists, a constituent society of the American Association of Orthodontists, and was recently elected a fellow of both the International College of Dentists and the American College of Dentists. He has in addition been elected an Incorporator of Blue Cross of the State of Connecticut.

1940

JOSEPH E. SOKAL is chief cancer research internist and head of the Division of Medicine at Roswell Park Memorial Institute. He is also research professor of physiology and associate research professor of medicine at the State University of New York at Buffalo. A recent article in



Dr. Sokal

Modern Medicine quotes Dr. Sokal on the therapeutic implications of non-toxic nodular goiter to thyroid cancer, research work he initiated when he was on the faculty of the Yale School of Medicine from 1950 to 1955. His major research at present is devoted to immunologic studies in cancer, particularly leukemias and lymphomas, in the hope that an ultimate breakthrough can be made in immunizing the patient against these tumors. Dr. Sokal is married and has two boys, one a '68 graduate of Columbia, now in VISTA, and the other a high school senior with an eye toward Yale and medical school.

1942

ARTHUR A. WARD, JR., is one of the key surgeons cited and quoted in a recent article in *Medical World News* (3/6/70) on new research highlights in the treatment of epilepsy. Dr. Ward, who is currently chairman of the Department of Neurosurgery at the University of Washington School of Medicine in Seattle, has been making intensive studies of the electrical activities of single cells of the nervous system and of their spread from diseased areas to other regions of the brain.

1953

LOUIS DEL GUERCIO has received extensive notice in the press, on television, and over the airwaves for his valiant efforts to keep open the doors of the Burn and Trauma Center at Jacobi Hospital in the Bronx. Funds were formerly allocated to this intensive care facility—and to eighteen other life-saving projects around the country—from the NIH, but all now face closing because the funds were severely cut back about six months ago. Dr. Del Guercio is associate professor of surgery at Albert Einstein College of Medicine and director of the General Clinical Research Center. He won widespread acclaim on local, state, and national levels, as well as attention from private industry, as a result of a compelling advertisement in the *Wall Street Journal*, inserted and underwritten by himself, requesting support from outside sources for this fully equipped and staffed center, the only such treatment center in the Bronx. At publication time there had been no reprieve, but concerned companies were conferring.



Dr. Del Guercio

Dr. Del Guercio and his wife and six children have a home in Larchmont, on Long Island Sound, and he reports, "we can see the Empire State Building from our sea wall."

1954

JOHN ROSE, class agent and secretary, has prepared a February 1970 edition of the class Newsletter. Dr. Rose is a member of the Department of Pathology of Cambridge University in England. He reports the receipt of notes from the NICK HALASZs, PAUL NEUFELD, JOHN COLE, HARRY MILLER, GEORGE BOSTWICK, and RALPH CAMPBELL. Dr. Campbell's letter indicates a change in address and way of life and reads in part: "I am a native Californian and have loved it, but this middle-aged square isn't quite able to keep up with altogether too rapid social changes; so I am packing my family to Flathead Lake near Glacier National Park in Montana as soon as the current school year terminates. We are looking forward to raising cherries and apples and working with the Bureau of Indian Affairs in my specialty of pediatrics. This year I have the dubious distinction of having a child in each category of formal education: college, high school, junior high, grammar school and nursery school. The address will be simply: Finley Point, Polson, Montana 59860."

1955

ALAN A. STONE has been promoted to the rank of associate professor of psychiatry at the Harvard Medical School, with joint appointments on the staffs of Massachusetts General Hospital in Boston and McLean Hospital in Belmont, Massachusetts. Dr. Stone is a graduate of the Boston Psychoanalytic Society and Institute.



Dr. Stone

1957

HOWARD MINNERS writes: "I have just returned from a four-week series of scientific visits principally in Malaysia, India, and Pakistan with shorter stops in Tokyo, Taipei, Teheran, and Paris. This trip was with the NIH's International Centers Committee to review the International Centers for Medical Research and Training (ICMRT): the University of California in Kuala Lumpur; Johns Hopkins in Calcutta; and the University of Maryland in Dacca and Lahore. I also visited the WHO International Epidemiological Research Center in Teheran . . . This was my fourth round-the-world trip in my 3½ years with NIH. En route I met TIMOTHY DONDERO, '67, who is combining his interest in parasitology and immunology while working at the Institute of Medical Research in Kuala Lumpur, Malaysia . . . Also through the ICMRT program I have had relatively frequent contact with GENE I. HIGASHI, '64. Gene spent two years in Calcutta with the Hopkins CMRT and I believe that he got his Sc.D. from the Department of Pathobiology this past June. He did some fine work on the leukocyte im-



Dr. Minners

mune response in filariasis and is now serving his two years in the navy on assignment to NAMRU-3, Addis Ababa, Ethiopia."

FREDERICK C. BATTAGLIA has been named chief of the newly established division of perinatal medicine at the University of Colorado School of Medicine in Denver. He holds a joint appointment at the university as associate professor of pediatrics and obstetrics-gynecology. The new division will be concerned with research, education, and patient care in the field of perinatal biology as well as clinical studies in maternal-fetal relationships, birth, and postnatal care of infants during their early days of life.

1957

CLIFFORD REIFLER, the senior psychiatrist at the University of North Carolina student health service, will leave that post on July 1 to become director of the university health service at the University of Rochester, New York. He will hold additional appointments as professor of health services, psychiatry, and preventive medicine and community health in the university's School of Medicine and Dentistry, and as psychiatrist at Strong Memorial Hospital. Dr. Reifler served his residency at the University of Rochester and was an instructor and assistant in psychiatry there before moving to the University of North Carolina in 1963.

1958

F. PATRICK McKEGNEY, an associate professor of psychiatry and medicine at Yale, has sent the following note: "On July 1, 1970, I will assume the position of professor and chairman of the Department of Psychiatry at the University of Vermont College of Medicine. It is with considerable regret that I leave, after six years working at Yale, especially at this time of such crisis in medical education in general. However, each one of us must decide where he can best do what he thinks needs to be done."

1967

ROBERT KIRKWOOD, class secretary, writes: "Being in San Francisco this past year and a half has brought me in contact with many of our classmates, passing through for one reason or another. LEE STROHL, '63, was here just last week, unfortunately on



Dr. Kirkwood

his way to Vietnam with the army. He did his internship in Chicago, and plans for dermatology in the future. DAN BOOSER also was here before embarking for the Far East in the service. Lee reported that CARL LANE and Marty were married, and that DAVE and Babs CONKLE have one child and are expecting another before long.

From the Washington area, we heard just today from ART and Marge BEAUDET, who have a new baby girl. Art is quite happy at NIH, after two years at Hopkins. The STEPHEN MILLERS also have a new baby boy. Steve will be finishing with the PHS in Washington this summer and will start a radiology residency at Mass. General. PETER and Maureen HERBERT also have a baby girl, but I understand that JOHN NORTHUP continues single, while leaving another trail of broken hearts on his move from New York to Washington. Both Peter and John are at the NIH.

GARY BURGET has moved to Florida to continue his surgical residency at Jackson Memorial in Miami. He is still very enthusiastic about surgery, and about deep sea fishing. HARRY HOLCOMB is in surgery at the University of Virginia, where he was a one-armed surgeon after breaking his arm skiing last year. He has also been sailing in the Virgin Islands.

KEN CRUMLEY has been on an Indian reservation in Gallup, New Mexico, and when he passed through San Francisco, was on his way to Hawaii. He plans a psychiatry residency. Moving west, I managed a trip to Sun Valley for a medical meeting and met SID and Lucy SMITH. He is now a cardiology fellow at Peter Bent Brigham.

MEL KOROBKIN and I are in our second year in radiology at the University of California in San Francisco and like it. It seems as if half of Yale is around. TONY and Kath LOVELL have a six-month-old girl. He will be staying on here as a chest fellow next year. DICK SWETT is also a second-year resident in surgery at U.C. Mel had dinner recently with JOE WALTER and ART BODDIE. Joe is finishing in the navy, after a year in the Bay of Tonkin, and plans to go to Columbia in radiology next year. Art and Joy have a baby girl, and he is also in the service at Travis AFB. JOHN DREWS is in the Air Force in Merced, California, and plans to continue his residency in cardiovascular surgery—between movies. RALPH MAURER is at Stanford in psychiatry, and LEW SOLOMON is taking a Ph.D. in chemistry at UCLA."

ROBERT S. STEINBERG is a captain at the Army Medical Corps, stationed at Reynolds Army Hospital, Fort Sill, Oklahoma. He has just completed a course on surgical and orthopedic aspects of trauma at Brooke Army Medical Center, Fort Sam Houston, Texas, and has returned to Oklahoma where he is on the orthopedic surgery service. His new address is 2805 N.W. 35 Place, Lawton, Oklahoma 73501.



Dr. Steinberg

1968

GORDON SASAKI was married to the former Joanne Ito Osano at the Thurston Memorial Chapel of Punahou School in Honolulu on December 28. Both Dr. and Mrs. Sasaki are graduates of the Punahou School and Dr. Sasaki was graduated from Pomona College, Claremont, California, before

he attended the medical school. After graduation from Yale, he spent a year on the hospital ship HOPE, and then interned at the University of Oregon Medical Center in Portland, where he is now a first-year surgical resident. JOHN A. OGDEN has won the Co-chems Prize, an annual nationwide competition conducted under the auspices of the University of Colorado School of Medicine, for his essay, "Congenital Variations of the Coronary Arteries." In addition to a cash award, a revised and illustrated edition of his work will be published by the Yale University Press. Dr. Ogden served his internship at Yale-New Haven Hospital in 1968-69. He is now an assistant resident in surgery here. He and his wife, Judith, who is assistant to the director of undergraduate admissions for Yale College, live at 804 Edgewood Avenue, New Haven.

PUBLIC HEALTH

1936

M. ALLEN POND had been appointed associate dean of the Graduate School of Public Health of the University of Pittsburgh.

1958

THOMAS W. GEORGES has been named associate vice-president for community health care services and community affairs at Temple University, Philadelphia, Pennsylvania.

1964

EARL B. BYRNE has been appointed associate professor of preventive medicine at the Department of Preventive Medicine at Jefferson Medical College in Philadelphia. Dr. Byrne plans to continue work on the virology studies he initiated as a member of the faculty in Yale's Department of Epidemiology and Public Health.

HANS O. LOBEL has been assigned to a post in Haiti where he will be chief malaria adviser. Until recently, Dr. Lobel headed the Malaria Surveillance Unit of the Epidemiology Program at the National Communicable Disease Center in Atlanta, Georgia.

NEAL MASLAN, who has been administrator of Terrace Hill Nursing Home in Richmond, Virginia, is now serving as vice-president in charge of management at Progressive Care,

Inc., a firm that has tentatively acquired the interests of Terrace Hill and other extended-care facilities throughout the State of Virginia and in the Commonwealth of Massachusetts. Mr. Maslan will be responsible for establishing and maintaining standards of patient care as well as standards of competency and training on the part of individual administrators.

1969

ELIZABETH LEIF is now connected with the School of Nursing at the University of Wisconsin in Milwaukee. Miss Leif is presently developing a curriculum for the master's degree to be ready by 1971. She is also planning a research project to determine community attitudes and knowledge of nursing. Her address is 5035 West College Avenue, Greendale, Wisconsin.

HOUSE STAFF



Dr. Nagel

1963

DONALD NAGEL, who did his residency in orthopedic surgery at Yale-New Haven Hospital, has recently been named head of the Division of Orthopedic Surgery at the Stanford University School of Medicine in Palo Alto, California. Before going to his new post, Dr. Nagel was chairman of the Orthopedic Section at Hahnemann Medical College in Philadelphia, with consulting posts at the State Crippled Children's Hospital and at McGee Hospital. He reports that all the members of the Nagel family—which includes his wife, two girls, and two boys—are thriving.

Yale Alumni Seminar, 1970

Medical alumni and their spouses are invited to attend the Fourteenth Annual Yale Alumni Seminar June 9 through 12. Four separate topics will be examined in successive time slots on each of the four days. The topics, lectures, and suggested readings are listed below. The registration fee is \$12.50 per person. Information on housing and registration forms may be obtained by writing to: Yale Alumni Seminar, 1918 Yale Station, New Haven, Connecticut 06520.

The American Indian Today

Lectures: 9 a.m.

The Changing Image of the American Indian, 1865-1970
Howard Roberts Lamar, professor of history

The Survival of Indian Culture

Floyd G. Lounsbury, professor of anthropology

Civilizing the White Man

William Byler, executive director

Association of American Indian Affairs, Inc. New York

Now It's "Red Power"

Philip Samuel Deloria, Law School student

Readings:

Cahn, E., ed., *Our Brother's Keeper: The Indian in White America* (World)

Cushman, D., *Stay Away Joe* (Bantam)

Deloria, V., Jr., *Custer Died for Your Sins: An Indian Manifesto* (Macmillan)

Fiedler, L., *The Return of the Vanishing American* (Stein and Day)

Hagan, W., *Indian Police and Judges: Experiments in Acculturation and Control* (Yale University Press)

Huffaker, C., *Nobody Loves a Drunken Indian* (Paperback Library)

Pearce, R., *Savagism and Civilization* (The Johns Hopkins Press)

Steiner, S., *The New Indians* (Delta Dell)

Utley, R., *The Last Days of the Sioux Nation* (Yale University Press)

Wallace, A., *The Death and Rebirth of the Seneca Nation* (Knopf)

Wilson, E., *Apologies to the Iroquois* (Vintage)

Dilemmas in Professional Life: The Responsible Self

Lectures: 11 a.m.

What Is Man . . . ? Images & Doctrines, Old & New

Julian N. Hartt, Noah Porter Professor of Philosophical Theology and chairman, Department of Religious Studies

The Process of Selfhood

Dr. Lorraine Siggins, assistant clinical professor of psychiatry and psychiatrist, Department of University Health

Human Behavior: What Price Control?

Dr. Gordon M. Shepherd, associate professor of physiology

Professional Role vs. Conscience: The Widening Conflict
Charles W. Powers, assistant professor of social ethics

Readings:

Erikson, E., *Identity, Youth and Crisis* (Norton Press), chapters 4 and 5

Hartt, J., *The Lost Image of Man* (Louisiana State University Press)

Roe, A., *The Making of the Scientist* (Apollo)

Sutton, Harris, Kazen, and Tobin, *The American Business Creed* (Schocken Publishing Co.), pp. 1-15, 303-405

Erikson, E., "The Problem of Ego Identity," *Psychological Issues*, I (1), p. 101. Also *Journal of the American Psychoanalytical Association*, IV, 1956, p. 56

Hartt, J., "Modern Images of Man" in *Central Conference of American Rabbis Journal*, June 1969

Hubel, D., "The Visual Cortex of the Brain," *Scientific American*, November 1963

Katz, B., "How Cells Communicate," *Scientific American*, September 1961

The Ocean, Atmosphere and Man

Lectures: 2 p.m.

The Prediction of Climate

Barry Saltzman, professor of geophysics

The Large Scale Circulation of the Oceans

George Veronis, professor of geophysics and applied science

The Cycles of the Sea

Karl K. Turekian, professor of geology and geophysics

The Ecology and Resource Potential of the Estuarine Sea Floor

Donald C. Rhoads, associate professor of geology

Readings:

Bates, D., ed., *The Planet Earth* (Pergamon)

"The Ocean," *Scientific American*, September 1969 (W. H. Freeman Co.)

Turekian, K., *Oceans* (Prentice-Hall)

The End of Art? Thoughts for the Later Twentieth Century

Lectures: 4 p.m.

The Limits of Modern Art

Karsten Harries, associate professor of philosophy

Art Beyond the Object Level

Sheldon A. Nodelman, assistant professor of history of art

Art and Life in 1970

Peter S. Walch, assistant professor of history of art

Readings:

Battcock, G., *Minimal Art* (Dutton Paperback)

Geldzahler, H., *New York Painting and Sculpture, 1940-70* (Dutton)

Harries, K., *The Meaning of Modern Art* (Northwestern)

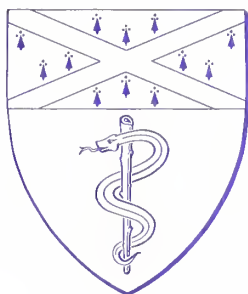
Art in America, Jan/Feb 1970, pp. 54-75

ARE YOU MOVING IN JULY?

Please send us your new address so that the mailing list for *Yale Medicine* can be kept up to date.

We welcome news items for the Alumni News section of *Yale Medicine*. We would particularly like to know of honors and awards, election to office in professional societies, foreign travel, and similar news about your classmates and yourself. Items should be sent to the Editor, *Yale Medicine*, 333 Cedar Street, New Haven, Connecticut 06510.

Picture Credits Miller/Swift: cover, pp. 3, 6, 7, 15, 16, 19, 21; Planned Parenthood League of Greater New Haven: p. 2; Yale University Art Gallery: pp. 8, 26; Yale Medical Library: p. 10; A. Burton Street: pp. 12, 13; Robert Perron: p. 14; J. G. Cadoux: p. 17; Geoff Tupper: p. 22 (top); Charles Alburtus, Yale News Bureau: pp. 22 (bottom), 23, 24, 25; The New Haven Colony Historical Society: pp. 9, 11; Mike Smith, Pix Incorporated: p. 28 (above, right); Elsa Dorfman: p. 29 (above, left). The chart on page 4 is reprinted from *The Population Dilemma*, Philip M. Hauser, ed. New York: The American Assembly, Columbia University, 1969.



YALE MEDICINE

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COVER: Bulletin board at Edward S. Harkness Hall, the student dormitory at the Yale School of Medicine

YALE MEDICINE

ALUMNI BULLETIN OF THE SCHOOL OF MEDICINE / FALL 1970 / VOL. 5 NO. 3

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Alumni Day 1970

The weather was fine and the turnout good. The 1970 Medical Alumni Day on May 23, like a well-planned smorgasbord, offered something for everyone. Round table discussions during the morning dealt with treatment of depression and manic-depressive disease, medical school admissions, educating and counseling students about sex, and federal involvement in community health activities. There was also a surgical conference, and for those who wanted only to talk with friends and classmates, coffee was served in the relaxed atmosphere of the Beaumont Room.

Opening the afternoon meeting of the Association of Yale Alumni in Medicine, Dr. George Carden remarked: "Discussing the problems that beset universities today can be a painful process, and yet at no time have the universities needed this kind of dialogue more than now. Your presence here today is proof of your willingness to be part of this dialogue as well as of your loyalty to the Yale Medical School." Before introducing the dean, he went on to say: "The distinguishing characteristics that make a medical school or a graduate institution great emanate from the leadership created by the dean, molded by the faculty, and expressed through the students. Since the deanship of Dr. Milton Winternitz, the spirit of the Yale Medical School has been a pioneering one which has emphasized the constant innovation and exploration necessary to find the most suitable approaches to ever-changing problems. Now, under Dean Redlich's leadership, backed by a strong faculty and supported by a bright and perceptive student body, this school is in superb hands."

Dean Redlich then gave a report on activities at the school during the past year. He noted, "This has been a year with many problems, a year with difficulties, a very exciting year . . . a year of innovation and exploration." The dean commented on a variety of topics including community relationships, student activities, progress with the new curriculum, governance of the school, recent developments in various departments, service responsibilities of the clinical departments, and financial problems.

By special request of the Alumni Executive Committee, two student leaders were invited to address the meeting. James Missett, president of the Medical Student Council, gave an overview of the way students had reacted to various events and persons encountered during the past year. He emphasized that communication between faculty and students and an openness evident at the beginning of the year, when there was a community confrontation, continued throughout the year and contributed to the very good relationship between the administration and the medical students. In conclusion, Dr. Missett noted: "There is a lot of criticism of the way health care is delivered in this country and in this community. The criticism comes not only from outside medicine but also from inside medicine and to a great degree from the medical students. The reason it seems to come from the medical students is that, because they have taken their ideals from you, and because they do not see the problems that you have in implementing or in living up to those ideals, they are going to be much more demanding of you than you are yourself."

"I'd like to leave you with what I hope you will take as a

Buffet luncheon with music in the Edward S. Harkness Dining Room



gentle request, that you regard the criticism students levy at you, and will continue to levy at you, in that vein—as asking that you live up to the ideals for which the medical students who are in school now have been prompted to enter medicine. And at the same time, don't give up your responsibility to criticize the students, but criticize them in the same spirit of dialogue which I feel has existed this past year between the administration and the students here."

Jody Robinson, also a senior medical student and president of the Graduate Student Senate, spoke on events at Yale during the prior month, particularly the students' response to the May Day rally on the New Haven Green and to the national student strike that followed the Cambodian invasion and the killings at Kent State. After discussing student activities in New Haven and a trip to Washington to meet with legislators and HEW administrators, Dr. Robinson stressed that the students who are concerned about the war and about the misallocation of national resources "are not long-haired hippy radical freaks; they are not being misled, misguided; they're not communists; they're not even all of them alienated. They're a broad cross section of concerned Americans who love their country, who are interested in seeing it go on the right course and not down what we see as a very immoral course causing a great deal of suffering in the world when we could be relieving suffering and healing people and feeding them." He went on to say: "I think that in our four years in medical school there has been more death and destruction and suffering caused by our government in Southeast Asia, and in some places here in the United States, than we can hope to cure in a lifetime of the practice of medicine. That's a very painful thought, and we hope that the classes coming after us won't have to feel the kinds of battles of conscience and of moral anguish that we have had to feel over these issues. So we hope that you will be able to go back to your communities, if you feel so inclined, to try to influence the political processes, as we are trying to do, so that we can bring about a change in what we see as a real moral and spiritual crisis in our country."

Following these talks Dr. Richard Breck reported on the Medical School Alumni Fund annual giving for 1969-70 (see pages 29-32) and Dr. Leona Baumgartner reported on the Alumni in Medicine capital gifts campaign, noting that 2.9 million dollars had been received in gifts and pledges. Dean Redlich then presented her with a plaque that reads: "The Dean and Faculty of the School of Medicine and the Officers and Executive Committee of the Association of Yale Alumni in Medicine acknowledge with deep appreciation the effective and generous leadership of Leona Baumgartner, M.D."



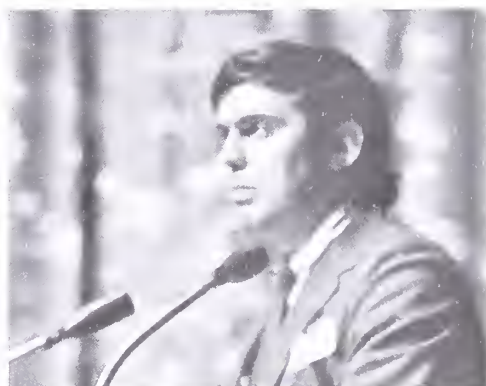
Dr. Carden



Dean Redlich



Dr. Missett



Dr. Robinson



"Medical Care in the U.S.A. — Today's Problems and Tomorrow's Prospects" was the subject of a panel discussion moderated by Dr. Sidney S. Lee ('50), associate dean for hospital programs at Harvard Medical School. Participants, all members of the Yale faculty, were, from left, Dr. Paul H. Lavietes ('30), associate clinical professor of medicine and

public health; Dr. George A. Silver, professor of public health; Margaret G. Arnstein, dean of the School of Nursing; August B. Hollingshead, professor of sociology; James Tobin, professor of economics; and Robert B. Fetter, professor of administrative sciences.

The following alumni were elected as new members of the medical alumni Executive Committee: Thomas E. Farthing, '32, Burlingame, California; Kristaps J. Keggi, '59, Middlebury, Connecticut; Robert W. Ollayos, '41, Elgin, Illinois; and Nicholas P. R. Spinelli, '44, Devon, Connecticut.

At the end of the business meeting, the following resolutions were presented from the floor and were adopted by voice vote:

First resolution. "Whereas, the continuation of the war in Southeast Asia interferes with the recognition and solution of health needs in our country, therefore, be it resolved that the alumni of the Yale University School of Medicine here assembled express support of the amendment to end the war and to withdraw all American military personnel as submitted to the U.S. Senate by Senators George McGovern, Mark Hatfield, et al."

A Message from the Dean

I call your attention to the Medical School Alumni Fund Report which appears as a supplement to this issue of *Yale Medicine* (see pages 29-32). This evidence of alumni interest and support is most encouraging to me. It is especially noteworthy that alumni have continued their annual giving at the same time that many were making generous commitments to the recently concluded capital gifts campaign.

One of our critical needs is money for student assist-

Second resolution. "Resolved that the alumni of the Yale School of Medicine gathered here today express their appreciation and support for the outstanding leadership that President Kingman Brewster has provided the entire university and the Yale community throughout the world."

The afternoon program was completed with a panel discussion on medical care in the United States moderated by Dr. Sidney Lee and with participants from various disciplines in the university including administrative sciences, economics, nursing, and sociology as well as clinical medicine and public health. At the alumni social hour that brought the official program to a close, the subjects discussed ranged from student activism to problems of medical care and to the war in Asia, but also running through most of the conversations were pleasant reminiscences of past students days.

ance, particularly loans. The federal government has drastically reduced aid to medical students, and as a result we are probably \$180,000 short as compared with last year. I anticipate that the Alumni Fund annual giving will be used primarily for student aid.

I want to thank and commend Myron Wegman and all of those alumni who worked with him to make the 1969-70 campaign a success.

F. C. Redlich, M.D.

When You Try to Change the World the First Three Months Are Always the Hardest

Roving bands of architects, publishers, Wall Street brokers, lawyers, college students and professors, real estate and business executives, engineers and — glory be — physicians and medical students crowded into the halls of Congress during May and June of this year intent on ending the war in Indochina, transforming national priorities, and in general alleviating that vague “we’re all going to hell in a bucket” sense of anxiety.

For a day or two or, for some, a couple of months, they joined the more than 15,000 professional lobbyists for organized (i.e. self-interested) business, labor, medicine, and other groups in attempting to exert their influence and views on the cogs and gears of the federal government. Reaction to this and other political activities on the part of medical students, faculty members, and some deans ranged from the hopeful to the horrified.

For example, in characteristic understatement, Iowa Senator Harold Hughes told a group of 250 physicians on June 10, “You know, you are not known as flaming liberals.” A New Haven paper, on the other hand, reacted to the political activities of Yale medical students by decrying the potential “unhealthy relationship between politics and medicine.”

It is, of course, widely felt that both politicians and the news media thrive on projecting simple-minded interpretations of the way the world works. Initial reaction to this new medical presence in politics depended, as one student put it, on whose mushroom you sat.

More significant than the reception of this medical-political activity, therefore, are its origins, scope, and potential for the future. While campus dissent about the war, about the perceived oppression of minority groups, and about manifestations of suppression of the dissent itself is not news, the breadth and depth of the reaction to the invasion of Cambodia and its aftermath was and is.

As Chancellor Alexander Heard of Vanderbilt University noted in his report to President Nixon, “Cambodia provoked and exposed antiwar and societal discontents among large numbers of students normally of moderate and conservative political viewpoints.” Heard also noted that among students there was an “increasing willingness to abandon the conventional postures of national and personal interest.”

The reaction to Cambodia and to the numerous and varied trials of Black Panthers, including one set in New Haven, was strongest on normally moderate and conservative campuses, on the small state college campuses such as

by Fred Hyde, '72



Kent and Jackson state, and on parts of campuses, such as medical schools, which are geographically and functionally isolated from the social and political currents and debates of their large parent universities.

But even among the medical school campuses that were politically active in May, few manifested the intense activity of students, administration leaders, and faculty members that was evident at Yale.

From the beginning, Dean F. C. Redlich and many other members of the administration and faculty were interested in and offered personal cooperation to the newly galvanized activists. At the same time, both students and administrators were careful in avoiding violations of the institutional neutrality befitting an educational and tax-exempt campus.

The newly activist silent majority of the medical campus — a nominally apathetic but vaguely disquieted group before Cambodia — were among those who, while committed by professional instinct to saving life and alleviating suffering, had until then infrequently related that commitment to the perpetually compromised art of politics. Indeed, many still see those worlds as separable entities. Once moved by the shock of escalated violence at home and abroad, however, students found nothing too difficult, no task too imposing, no personal concern so preeminently important as their initial attempt to curb that violence.

At Yale there were innumerable and seemingly endless meetings, petitions, phone calls, briefings, and strategies, all aimed at influencing professional and governmental structures.

As Associate Dean Howard Levitin noted, “an impressive and hopeful sign was the willingness of students to address themselves responsibly to existing institutions.”

At a May 6 meeting of the entire student body, resolutions were passed opposing the suppression of dissent, the oppression of minority group members, escalation of the Vietnam war into Cambodia, and calling for unilateral withdrawal from Southeast Asia and for an end to university involvement with the military.

The medical students noted that while their “involve-

The author, currently a third-year medical student at Yale, served during the past year as a member of the administrative staff of the medical school. The opinions expressed here are his own.

ment in the delivery of health care differentiates our situation from that of other students" that nevertheless they intended to suspend "all nonessential activities in a non-coercive manner which does not compromise the health care of patients" because "the interests of medicine in this country and the world would be served better by our active involvement in ending the Indochina war, changing our national priorities, reallocating our resources and solving the problems which underlie so much of the illness which we are called upon to treat."

The next day the faculty passed a resolution praising the student activities "for the common good," echoing student resolutions in the four substantive areas cited, and agreeing to the creation of an ad hoc committee to plan academic options so that the professional competence of students would not be impaired by their participation in political activities.

Simultaneously, various groups of students, faculty members, and administrators engaged in local educational activities, traveled to Hartford to speak with and attempt to influence the Connecticut State Medical Society, and to Washington to talk with legislators and high administration officials and also to announce the formation of an organization to carry on this new medical lobby, the Medical Alliance for Political Action. MAPA was formed and announced with the blessing of more than 500 medical students and 150 faculty members from twenty-seven medical schools.

Lending personal and moral support during the meetings with Congressional and administration leaders were several deans of medical schools, including Dean Redlich and Dean Robert Ebert of Harvard. One spokesman for the group noted that the Washington meetings represented "the beginning of a new voice of the medical community in public life."

In Hartford physicians' hackles were initially raised, but the students, self-consciously emphasizing those adornments not ordinarily found on campus radicals such as restraint, moderate hair lengths, and coats and ties, ultimately succeeded in talking personally with many members of the Connecticut State Medical Society and in addressing its House of Delegates. Resolutions against the war were voted down, but many of the physicians and students learned much about each other's views, and the doctors passed a resolution commending the students "for their determination to work constructively."

If nothing else, debate and misgivings abounded concerning the proper role of medical people in politics. One physician—apparently unaware of the AMA's Political Action Committee and its annual multimillion dollar campaign kitty and Washington lobby—proposed that medical societies deal only with scientific material and have a

separate organization to deal with political questions.

In short, medical students found a useful acute role to play in what they regarded as problems of overriding importance, although it remained to be seen whether a preventive and rehabilitative role in managing those problems could be defined.

Many students squarely faced the problems of organizing during the impending summer lull. They knew that professional commitments cannot be kept in abeyance for prolonged periods of time, and, although classes missed in May had scrupulously been made up, much planning and groundwork were needed to make the time demands of a "constructive citizen" role compatible with medical education. Previous commitments to summer clerkships, thesis work at Yale, National Board examinations, and travel kept many who were active in the spring from carrying on that activity in the fall. An early letter from MAPA noted this problem, saying that "understandably many medical communities are at somewhat of a standstill over the summer."

MAPA leaders therefore devised a three-pronged strategy, aimed first at carrying on Washington activities on a small scale, with the hope of establishing a permanent office there for research and lobbying purposes; second, at the establishment of local and state chapters of MAPA; and third, at accelerated activities in the fall, including a national convention scheduled for late September in Boston and work during the November general election in behalf of antiwar candidates for public office.

At this writing little can be said about the development of local chapters, although some MAPA members were active in political campaigns, such as that for the U.S. Senate of Connecticut's Joseph Duffey; the national convention is not yet firmly planned, and depends on what hope and plans MAPA leaders can generate upon their return to the academic life; finally, the substantive activity in Washington was carried on by a single MAPA leader, Charles Welch, a third-year medical student from Boston University.

And Charlie Welch found out some very interesting things about the long-term potential for a medical lobby against the war, namely, that it wouldn't fly.

"Washington didn't want to hear any more about the war," Welch said, "after the post-Cambodia frenzy."

Therefore, Welch decided early in the game that a medical lobby should, as a first priority, adopt the proverbial injunction, "Physician, heal thyself."

He concentrated his activity, and the base of support for a future nonprofit, nonpolitical education and research organization, on innovations in the health field, such as a national health service corps; increased support for medical students and schools; and an institute for the study of

aging within NIH—innovations which, taken with those of young professionals in other fields, would constitute the beginning of the reordering of national priorities.

Other MAPA leaders, however, are not sure that this is the way for them; some are unhappy that their surrogate in Washington “gave up” the war as his proximate concern, and that donors have not yet come forth to finance a new medical lobby and its Washington office.

What direction medical students will take this fall in political activity will depend on their strategy sessions this month, and on the results of a possible national convention.

Much interest at Yale focuses on taking time off during November to work for political candidates, although the students and faculty on the academic options committee

this summer decided against recommending a formal, institutional, time-off period, and in favor of individual arrangements for time off made between students and faculty members. Such arrangements, according to Dr. Levitin, would include make-up provisions, and would not reflect on the academic or professional record of students desiring time off.

The sense of having little direction and few options has begun again to pervade medical school campuses, including those most active in May, such as Yale. The “all-or-nothing” intensity stimulus during May did provoke an impressive and probably productive response, but at Yale and at other medical school campuses it remains to be seen whether that response will generate a “new voice” among the ordinarily silent majority.

Yale's Program in Intracultural Medicine

by Chase P. Kimball, M.D., Director, Yale Navaho Indian Program

During the early 1960s Cornell University Medical College organized a project that undertook both care and research programs among the Navaho Indians, programs into which advanced medical students were introduced. The University of Pittsburgh has maintained a similar elective program for fourth-year students for several years, and more recently other schools have arranged for students to spend a free period working in the Indian hospitals of the Southwest or on a related research project.

In 1968, under the direction of Dr. Roy Acheson and Dr. David Kessner, Yale arranged epidemiologic projects for three students supported by a Health Manpower grant. I was asked to take over the program in 1969. That was the first year of the new curriculum, and one of its features was to have students, between their first and second years, spend a minimum of six weeks engaged in a learning or research activity, preferably outside of a university center. With the assistance of the United States Indian Health Service in Washington, D.C., and the Navaho Indian Health Service in Window Rock, Arizona, we were able to obtain hospital assignments and local preceptors for eight students in three of the Navaho Indian hospitals.

Thus emerged Yale's experimental teaching program in Intracultural Medicine. The program as structured has three stages: (a) an orientation phase on the Yale campus commencing in the spring, participated in by a number of faculty and house officers with experience in Indian cultures; (b) a clinical period with two phases including work

in a Public Health Service Indian hospital or clinic and a study project on the Navaho reservation; and (c) a summing-up stage in which the experience and projects are reviewed in seminars on the Yale campus with the “home preceptors.”

The clinical phase takes students to the Indian hospitals and clinics which are administrated and staffed by officers of the Indian Health Service, USPHS, HEW. These hospitals are located either in border towns such as Gallup and Winslow or on the reservation in towns such as Ship-



Carole Stashwick, who served her first-year summer clerkship this year in the Yale Navaho Indian Program, reviews her report with the director of the program, Dr. Kimball, assistant professor of psychiatry and medicine. An article by Mrs. Stashwick begins on the following page.

rock and Tuba City. The hospitals may vary from 40-bed general hospitals to 250-bed hospitals with a full complement of specialties. In these settings the student is assigned to a medical officer recently out of residency training who serves as his guide during the early days of the clinical experience, orienting him to the facilities and supervising his interviewing, physical examinations, and preliminary treatment of patients.

A People at Peace with the Earth

by Carole Stashwick, '73

Gallup Indian Medical Center sits among red mesas against a brilliant blue, pollution-free sky overlooking the old railroad town of Gallup, New Mexico. It was at this large and modern hospital operated by the U.S. Public Health Service for the benefit of several Indian tribes of the Southwest that five fellow students and I did our first-year summer clerkships. The hospital is the largest of several serving the Navaho Reservation, and as such it acts as the referral hospital for smaller installations around the reservation and also as a clinic for Indians in the Gallup area. Free health care, which was guaranteed by the federal government to these groups in their post-Civil War peace treaties, includes all doctor, hospital, laboratory, and drug fees for those who claim one-fourth or more Indian blood, and their dependents.

Altogether there were twelve students from Yale at various parts of the reservation. Our summer visit was arranged by Dr. Chase Kimball, assistant professor of psychiatry and medicine, and financed with the help of the Public Health Service; in return we were expected to do a small research project of our choice. For the clerkship I was assigned to the Department of Obstetrics, under the guidance of Dr. David Hall, chief of obstetrics, and the project I chose was an interview study of unmarried pregnant Indian girls who came to Gallup for prenatal clinic visits or for deliveries. I hoped through the clerkship to be able to learn something about the Navaho attitude toward women, toward childbearing, toward marriage and out-of-wedlock pregnancies, and toward the white doctors (especially women) with whom they might come into contact.

The large sixteen-bed obstetrics ward, complete with a modern nursery and two fully equipped delivery rooms, hardly constituted the "primitive" conditions I had half

envisioned before arriving in Gallup. In addition to approximately one hundred deliveries each month, the department had three clinic days and two days scheduled in the operating room each week. I had been prepared, by my reading and by a series of orientation seminars at Yale, to deal with Navaho patients only. I soon discovered that although the hospital was built to serve the Navaho tribe primarily, patients also hailed from the Zuni, Santo Domingo, Hopi, Cochiti, Laguna, Acoma, and Apache tribes—none of whom speak the same native language or share the same traditions.

The Pueblo groups (Zuni, Laguna, Acoma) and the Hopi, according to anthropologists, are very adaptable—they adopted Christianity from the Spanish and American missionaries one hundred years ago and saw early the need for education in order to get along in the white man's world. Although they keep up many of the old tribal customs, such as festivals and ceremonial dances, they go far in education and often find employment away from their native pueblos (villages). The Navaho tribe, which numbers 100,000, is the largest in the United States. Navahos live in northern New Mexico and Arizona, and today represent a tremendously diversified group. Many, especially in the western part of the reservation, still herd sheep and live in eight-sided log huts, or hogans, grouped in small settlements. In the east, and especially in the area of Gallup, many are employed at nine-to-five jobs in towns or by the Bureau of Indian Affairs and may drive a late-model pickup truck several miles on the dirt roads of the reservation to a modern version of a hogan—perhaps a two-bedroom ranch with running water and in some cases even an automatic washer and dryer. I expected to encounter a language barrier in dealing with Indian patients—but the vast majority of patients at Gallup had had a grade school or high school education and spoke perfect English. I expected to see disease in late and severe stages, but most of the people near Gallup find their way to the hospitals or clinics when they are sick, and the worst cases were nearly always referrals from outlying areas. I expected to see both mothers and children in undernourished states, but the relative wealth of the residents of the area and the monthly distribution of supplemental foods to those who need them keep kwashiorkor a textbook rarity even in this area. I quickly developed in my history-taking the habit of inquiring closely about symptoms of tuberculosis, however, and about the use of alcohol, easily the biggest medical problems among the Navahos in the Gallup area.

I felt uniquely privileged to be able to work with women patients in my clerkship since the Navahos have a matrilineal and matriarchal society, although this is changing somewhat as the younger Navahos adopt the white cul-



The modern Indian hospital in Gallup is in marked contrast to the simple hogan of the Navahos, but the author strongly believes that the culture represented by the new should not be allowed to supersede that of the old.

ture. Families still tend to be rather large, with eight to ten or more children not at all uncommon. The children of a marriage all belong to the clan of the mother, and the mother's sisters are loved and regarded almost as highly as the mother herself. The venerable grandmother or great-grandmother of the clan is respected by all, including her sons-in-law, who also traditionally respect their own mothers and their original clans. Many times an important family or personal decision for a member of the family is made by the old mother. One typical example stands out in my mind. A woman who had just delivered her sixth child at Gallup and desired no more was asked whether she would consider a tubal ligation; she was completely agreeable, but her aged and non-English-speaking mother nullified the plan because she wanted more grandchildren.

I soon discovered also in my project interviews that out-of-wedlock pregnancy—universally regarded as a problem in white society—is no crisis at all according to the Navaho orientation. Children are wanted and loved even if not always planned for; a young woman can often be convinced to practice birth control but usually not until at least one child has been conceived and delivered “naturally.” The fact that a girl has no husband is irrelevant—the child is born into the large family and is happily reared by the maternal grandparents or a maternal aunt. Very few abortions are requested, and few babies are given up for adoption among the Navahos, even among girls who wish to finish high school or have other plans that preclude raising the child. Actually the statistics for unwed mothers are difficult to determine; many times the girl and her mate cohabit for several years, not licensed for marriage by the state, but “married” in the true sense. Only when their children go to school and must be given the father's name (a patriarchal imposition by the state) are the mother and

father actually married in a legal ceremony. Often, too, the young couple marry sometime well along in the girl's pregnancy—not out of guilt or feelings of shame, but seemingly because they are pleased about having a baby and because they feel this is the natural order of things. I had expected to find some changing attitudes among urbanized Navahos who live in the Gallup area and might be more adapted to the white culture—perhaps an attitude that an out-of-wedlock pregnancy is undesirable and shameful—but this was not the case. There seems to be among the Navahos a feeling that childbearing is a natural function, best not interfered with or prevented, at least not at first; I saw no obvious display of emotion, no joy or depression at the fact of the pregnancy, but merely an easy acceptance of the expected child.

My slight apprehensions about being accepted as a physician by the Navahos proved to be absolutely groundless. Many of my patients were obviously pleased to have the opportunity to talk to a “lady doctor,” and several younger patients talked with me candidly in a way that they might not have talked to my male counterparts. And yet, especially in the talks I had with the pregnant unwed girls, I could not help feeling that an invisible barrier was often erected: I felt that I as a white could not escape from the stereotype of the moralizing, judging, white missionary-social worker-Indian agent, regardless of how informal and yet professional I tried to appear. I feel in several cases that the patient regarded me completely as an intruder into her private affairs. One girl, for example, answered with a very final and flat no when I asked her if she might consider using birth control methods in the future. When asked why, she replied shortly, “That is not the Indian way.” These unsuccessful interviews are to me a measure of the distance, even today, between the Indian

and white cultures and the resulting difficulties in applying our medical, sociological, and especially psychiatric methodologies to other cultures. The Navahos are very receptive to white medicine when it has obvious and immediate good effects, like a penicillin shot for tonsillitis or INH for tuberculosis. But they resist in a quiet but firm way when they feel badgered by what they consider moralistic outsiders who in their uninformed way seek to change the old Indian ways.

And that, of course, is the challenge for physicians on the reservations and in the large urban centers as well—to bridge two or more cultures in a nonoffensive, nondiscriminatory manner. The Anglo (white) population of Gallup in great part seemed to regard the Indians with the same sort of illogical racism that has been so commonly applied to Negroes for centuries. I heard again and again exactly the same sort of ignorant and almost mythological statements by whites about the Indians: "They are lazy and don't want to work." "They have too many children and

can't support them and have to go on welfare." "I've met some good ones." Encountering such blatant racial prejudice for a short time in a new culture helped me to understand better the obvious and subtle forms of racism that I had grown up with in the urban east. It was enlightening to hear such prejudice and then to see at first hand the culture and the values that some of the Anglos seemed to resent so much.

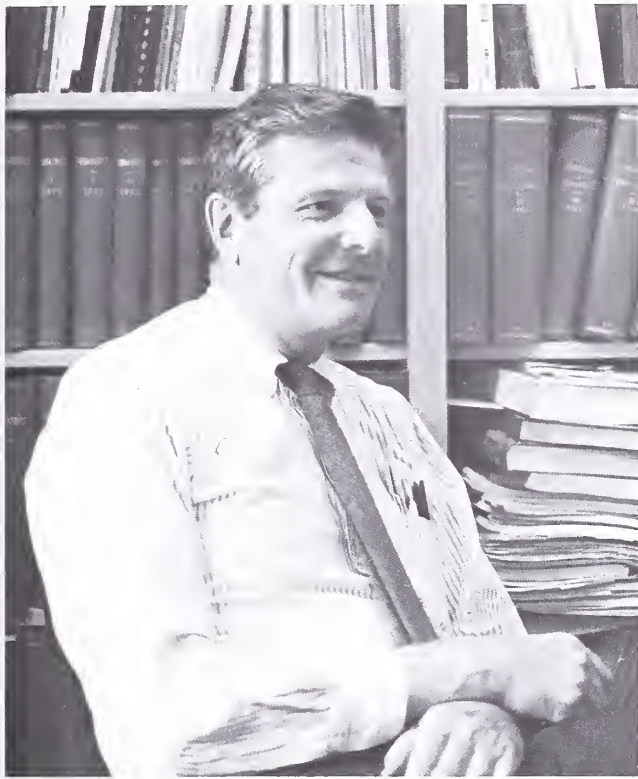
The Indians I met are a dignified people, it seems to me, not devoted to the accumulation of wealth but to the solidification of human values with those of nature. They are an ecological marvel, bending themselves to nature and bending nature only when their survival is at stake. Their hogans are amazingly cool, kept so by means of their ingenious construction that seems to trap the cold air of the nights. I have seen water pumps on the reservation miles from the nearest hogan and seen families with water barrels on the pickup go to the watering places twice a week to get their supplies—and on these tight water rations I am convinced we could not do our cooking and laundry and bathing as the Indians do.

Without a doubt the one experience that impressed me most this summer was a visit to the Pueblo village of Santo Domingo, about 150 miles from Gallup. It was the day of Corn Dance—an event so sacred that no photographing was allowed—scheduled yearly on the feast day of St. Dominic, patron of the village, and combining the earlier pagan ritual of corn blessing with the superimposed Catholic significance. The small village of 2,800 turned out completely for the event, and 175 of the villagers of all ages, dressed in the traditional pine boughs and wool garments, danced the entire day, sunrise to sunset, to the rhythm of a chanting and drumming orchestra. The occasion was a fiesta, too, with people dropping in on friends and relatives to share, for this one day, the wealth of the village equally among all the people. One of the nurses at the Gallup Hospital, a native of Santo Domingo, took us to her home in the village, where we were treated to hot, hot chili, pinto beans, orange watermelon, homemade bread, and a table loaded with other goodies. The hospitality and the warmth of that village—even as thousands of white tourists crowded in for a glimpse of real Indians and real dancing—impressed me greatly. For me it was a summation of all the beauty of the southwest Indian cultures, the warm but not flamboyant people, the earthy traditions, the high value placed on simple humanness. Let us not, in our present ecological awareness, ignore such cultures or even allow them to be significantly compromised by the dominant culture of our country. What an infinitely great loss to us all were there to be no more Corn Dance or Navaho weaving or people at peace with the earth.



A dignified people more concerned with the solidification of human and natural values than with the accumulation of wealth

Pediatrics and Political Responsibility



Faculty Profile: Charles Davenport Cook, M.D.
Professor of Pediatrics

inpatient load has grown by 30 to 40 percent, and the number of pediatric outpatients has increased by more than 50 percent.

Even more significant has been the initiation at Yale during the past six years of numerous pediatric programs, many of them interdepartmental, which have led to a more efficient use of the medical center's resources as well as to some exciting cooperative ventures in teaching, research, and service. These include, to name only a few, a program in adolescent medicine, an interdepartmental section of metabolism and genetics, and a section of pediatric neurology. In addition, the Hill Health Center, which is the major service thrust of the School of Medicine into its neighboring community, was established and funded in 1966 under the aegis of Dr. Cook's department. It is his hope that the project will soon be integrated into the school's teaching program.

Eighth-Generation Physician

Charles Davenport Cook was born in Minneapolis on November 30, 1919, and he knew he was going into medicine almost from the time he was old enough to think about it. His father was a doctor, and on his mother's side he was descended from seven generations of doctors in Virginia extending back to colonial times.

"Both my parents did everything they could to dissuade me from going into medicine," he recalls. "They wanted to be certain it was what I wanted, and not something I felt pressured into because of family tradition. I was the youngest of four children and the only one to become a doctor. We grew up in a closely knit family with a good feeling about the medical profession, so it was an easy choice for me to make."

The senior Dr. Cook, an internist, had studied medicine under William Osler at Johns Hopkins. Moving to Minneapolis in the early 1900s, he became the medical director and vice-president of an insurance company. He was instrumental in helping to establish the system of actuarial tables for rating health that has become standard in the insurance field, and he was a founder and president of the Life Insurance Medical Directors Association.

Dav Cook's first summer job, when he was fifteen, was in the actuarial office of his father's company, and for a time he considered going into the insurance field. But a few years later a summer's experience at the Grenfell Association hospital in Harrington, Laborador, helped confirm his choice of medicine.

Last April, before the close of the annual pediatric research meetings in Atlantic City, the chairman of Yale's Department of Pediatrics packed up and went home to New Haven in order to be at his hospital post during the May Day demonstrations. Like other members of the medical faculty who stayed on duty around the clock that weekend, Dr. Cook was relieved that the elaborate procedures worked out to cope with a major medical crisis were not needed.

It is not surprising that Dr. Cook, as chairman of a clinical department and pediatrician-in-chief at the Yale-New Haven Hospital, should have felt compelled to be at the medical center when civil violence was anticipated. But one would not immediately guess from his casual manner that this tall, soft-spoken, self-effacing man would feel so strong a sense of political responsibility that he has devoted a good part of his spare time in recent years to groups working to end America's military involvement in Southeast Asia.

His casual manner also belies his administrative talents. When he came to Yale as chairman of pediatrics six years ago, the department had the equivalent of fifteen full-time faculty members; the number is now thirty-one. House staff positions in pediatrics have increased during the period by nearly 50 percent, and applications for these posts have more than tripled. In the hospital, the pediatric

He entered Princeton University in 1937 and by the end of his first year was so impatient to get on with his medical education that he decided to go to summer school at the University of Minnesota and take nothing but premedical courses. "I felt I'd already covered most of the content of my freshmen courses, so I was bored with college. I just wanted the minimum courses required to get into medical school. At that point my father sent me to talk with a friend of his who was then the dean of the medical school at Minnesota, and the advice he gave me was probably the best I ever had. It was to go back to Princeton, take as few premed courses as I possibly could and as many nonmedical ones as possible — music, classics, and so forth. I did, and I've never regretted it. By the time I got into my second year at college everything had become fascinating and exciting. I never knew whether my father called up his friend and said, 'For heaven's sake, send him back to college!' or whether the dean's advice was spontaneous, but it was terribly good counsel, and I've passed it on whenever young people ask my advice about premedical educational experience."

After his father's death in 1939, Davenport's older brother urged him to spend a summer working directly in

In Dr. Cook's opinion, children are the most rewarding patients to work with, because "If you can do something for them, they have the best and longest chance to take advantage of their improved health."



medicine as a sort of final vocational trial. He was able to get a job working with Dr. C.J. Watson, then an outstanding member of the medical faculty at the University of Minnesota, and he found the experience corroborated his attraction to medicine. Returning to Princeton, he graduated in the class of 1941 with highest honors in chemistry, and entered Harvard Medical School.

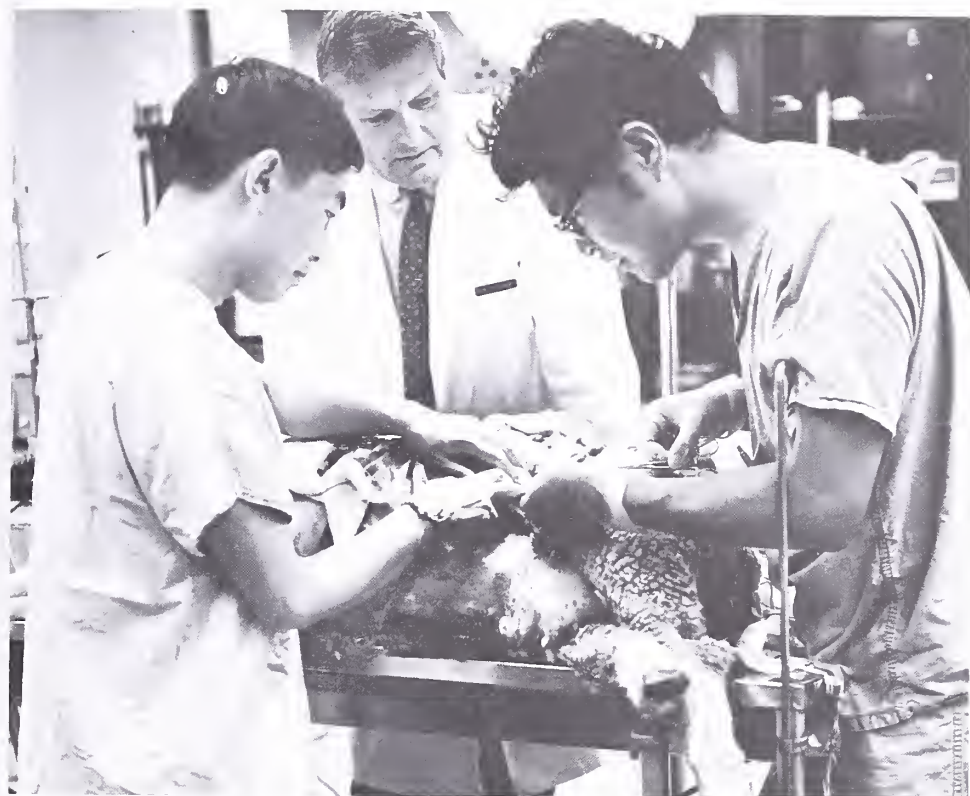
Working for Dr. Watson had been his introduction to research and academic medicine; his special interest in pediatrics began to crystallize through another working situation. While a medical student, Dav Cook and two classmates lived at the Children's Hospital in Boston where for a period of about five months, at night and over weekends, they performed all the bacteriology and routine clinical laboratory work at the hospital. It was at the time early in the Second World War when labor was scarce, and the student's work, an important source of experience and funds for them, also helped to keep the hospital functioning.

That was also a time of gasoline rationing and car pools, and it was through Jim Gamble, a fellow medical student with whom he shared transportation to and from skiing weekends, that Dav Cook met Sheila Gamble, Jim's younger sister. In 1944 Dr. Cook received his medical degree *cum laude* from Harvard, and the following spring he and Sheila Gamble were married.

Interest in Pediatrics

Although he knew when he finished medical school that he was headed for pediatrics, Dr. Cook first served an internship in internal medicine at the University of Minnesota Hospitals, following the advice of one of his instructors, Charles Janeway, who has since become chairman of pediatrics at Harvard. At the end of his internship Dr. Cook received a fellowship in pediatrics at the Mayo Clinic, where he had the opportunity of working with Henry Helmholtz, an excellent teacher who was then head of the department.

His decision to specialize in pediatrics stemmed from a combination of factors: he enjoyed children and had an interest in the problems of growth and development and the interrelationships of the child and the family. "I suppose all of us who go into pediatrics do so in part for the negative reason that we are depressed by geriatrics. But I don't believe it's just a negative feeling. When I interview students or intern applicants and they say they're going into pediatrics because they don't like anything else, I'm always rather suspicious. I want a positive reason, because I think the medical problems of children are really very challenging and stimulating. I myself find children the most interesting and rewarding patients to work with; if



Although at present he is unable to spend much time in the laboratory, Dr. Cook collaborates with his colleagues on studies of the development of the lung in fetal lambs. In one such investigation Dr. Etsuro Motoyama (right) and Dr. Bernard Wu carry out a surgical procedure on a sheep. This research is funded by a grant from the National Institutes of Health with additional support from the Winchester Fund.

you can do something for them, they have the best and longest chance to take advantage of their improved health. To my mind it's the most optimistic and cheerful part of medicine with which to be involved."

Outside of pediatrics, Dr. Cook has had considerable experience in the field of communicable diseases. His clinical work in that area took place in 1946 and 1947 in Germany, where he served for twenty-one months as a medical officer with the U.S. occupation forces. He was based at Bad Cannstatt, near Stuttgart, and his patients included military personnel, employees, and dependents, in addition to many displaced persons.

One teacher who had particularly influenced Dr. Cook at Mayo was C. Anderson Aldrich, an outstanding pediatrician who inspired many young doctors to go into the field. Dr. Aldrich and his wife wrote several widely read popular books on child care in the 1930s, and he later joined the Mayo Clinic where he built up an exciting program for studying the growth and development of children. It was in order to work with Dr. Aldrich that Dr. Cook planned to return to Mayo after completing his military service. But on a visit to his former teacher he learned that Dr. Aldrich had inoperable cancer and would not live long. For that reason Dr. Cook returned to Boston in 1948 to begin his residency on the Children's Medical Service at Massachu-

setts General Hospital, and he was to remain associated with Harvard medicine for the next fifteen years.

In 1949 he became chief medical resident at Children's Hospital where he worked closely with his counterpart in surgery, Lawrence K. Pickett, a Yale medical alumnus of the class of 1944, who was then chief surgical resident at Children's. Sixteen years later their working relationship was to be renewed when Dr. Cook persuaded Dr. Pickett to return to Yale to head the new section of pediatric surgery.

Following his residency, Dr. Cook's clinical posts included assistant physician on the Children's Medical Service at Massachusetts General Hospital, research associate at Boston Lying-In Hospital, and chief of the Medical Out-patient Department at Children's Hospital Medical Center.

On the academic side, he was appointed a teaching fellow at Harvard in 1949, was named instructor in 1951, and was promoted to associate in pediatrics in 1955. In 1957 he became assistant professor of pediatrics and tutor in medical science, and in 1963 was named associate clinical professor of pediatrics. In addition, he was for two years (1961-63) the chairman of the respiratory section of Harvard's pathophysiology course.

Dr. Cook spent the academic year 1956-57 at the Harvard School of Public Health doing research in physiology.

His main research interests now, as then, involve respiration and respiratory abnormalities in children, with particular emphasis on fetal respiratory physiology. For the past eight or nine years he and his colleagues have been studying fetal lambs in an effort to learn what makes the lung mature before birth. "It is a most intriguing and dramatic sort of thing to study," he says, "since the most important adaptation of a newborn infant to extrauterine life involves the respiratory system." Although he is unable now to spend much time in the laboratory, he continues to collaborate in this research, which has an important bearing on the study of hyaline membrane disease, one of the most common causes of death in premature newborns.

Another area in which he has been particularly interested for some twenty-five years is the group of collagen diseases, including arthritis, lupus erythematosus, dermatomyositis, and scleroderma. In this connection, he has organized a joint clinic at the hospital with orthopedics, medicine, and physiotherapy to collaborate on the care of children with complicated collagen diseases.

Recently Dr. Cook and several of his associates at Yale began a hospital utilization review with respect to pediatric patients, a project resulting from their concern that many children may be unnecessarily hospitalized. The study is being conducted at the Yale-New Haven Hospital and three community hospitals in Connecticut.

The Cook Family

When Dav and Sheila Cook were married, the tradition of medicine that is so strong in his family was reinforced. Sheila's father, the late James L. Gamble, was professor of pediatrics at Harvard, and her brother is now on the faculty at the Johns Hopkins medical school. Sheila Cook herself has been a research assistant at the Yale Child Study Center and is currently teaching special classes at an inner city high school in New Haven.

Like Dr. Cook's parents, he and his wife have tried to minimize for their children the pressure to follow in the family tradition. But two of the four Cook children are apparently not to be deterred. The oldest, Andrew, is now a fourth-year medical student at Yale, and Peter, a senior at Swarthmore, spent the summer of 1969 working at the West Haven Veterans Administration Hospital and also plans to enter the medical profession. Both boys have served with the Grenfell Association in Laborador — Andy visiting the same hospital where his father had worked thirty years before.

Heidi, the Cook's only daughter, has just graduated from the University of Denver and plans to work in the VISTA program. The youngest boy, Charles, who is in his last year



Dr. Cook confers with members of the pediatric house staff, Drs. Barry Goldberg, David Kotok, and Neil Alex.

of high school, has not yet made plans about his career. Says his father, "I think he feels at this point that he's seen too many doctors around and doesn't want to have anything to do with them."

Nearly every summer for the past twenty-five years the Cook family has vacationed at Sorrento on Frenchman Bay in Maine and frequently on nearby Calf Island. The island, which Dr. Cook calls "the prettiest on the coast of Maine," has been in Mrs. Cook's family for several decades. "I first went to Sorrento the summer before we were married," Dr. Cook says, "and have loved it ever since, as our children have. Andy and his wife spent their honeymoon there, and many of our friends and their children have visited over the years.

"Everyone in our family loves to sail. Some people say we're compulsive exercisers. I don't think we're quite that bad, but we do a lot of sailing and skiing, and we do like to be outdoors."

A Question of Priorities

Except during his sailing and skiing holidays, Dr. Cook has little opportunity these days to be out-of-doors. Administrative duties at the medical school, along with his intense involvement in teaching and patient care, consume most of his time. One of his main efforts in the Department of Pediatrics has been to concentrate on providing the best possible service for children at the Yale-New Haven Hospital. Pediatric teaching and service in the outpatient department are now being directed by three full-time faculty

members, as compared to one when Dr. Cook became chairman. The number of full-time faculty members in the neonatal section has also increased from one to three. Service to pediatric patients has been further improved as a result of the interdepartmental activities initiated during Dr. Cook's administration, including the section of pediatric surgery, the section of pulmonary physiology, the section of perinatal biology, a program of application of computer technology to pediatrics, and a program for training pediatric nurse associates, undertaken with the Yale School of Nursing.

Another significant advance in patient service has been the addition of an adolescent ward staffed by three full-time faculty members. Dr. Cook cites recent studies on the effects of hospitalization on adolescents that indicate the great importance of specialized facilities for these patients. "There is a desperate need for a place to hospitalize emotionally disturbed adolescents," he says. "We do it now on our adolescent ward, but it's strictly a stop-gap arrangement that should be replaced as soon as possible with a special inpatient facility."

Dr. Cook's professional activities include membership on the Medical Advisory Board of the Hood Foundation, which awards grants for child health projects in New England. As secretary-treasurer of the American Pediatric

Society, he manages the society's affairs from his Yale office. And he has been a consultant for a number of years to the Department of Health, Education, and Welfare. "That's an area in which I'm not very active now because most of my contacts were in previous administrations," he says. He has also been active in the Joint Council of Pediatric Societies, which was set up to represent all the major pediatric groups in the country dealing with the federal government.

Outside of his professional interests, but not unrelated to them, is Dr. Cook's conviction that United States participation in the war in Southeast Asia must end. This fall he is deeply involved in political action as a trustee of Connecticut Election Strategy, an umbrella organization for groups at Yale and other academic institutions in the state that are supporting the election of Congressional candidates pledged to immediate American withdrawal from the war.

"Right now in this country there is a really desperate need for support for medical education," he points out. "The government has cut out many training grants and career development awards — but this intolerable war goes on and on at an incredible cost in money and human lives. Everything possible must be done to send people to Congress who will help to end it."



Sheila and Dav Cook and their daughter Heidi at Calf Island in Frenchman Bay

Commencement 1970



As on many campuses across the country this spring, commencement at Yale saw the anonymity of academic black interspersed with individual expressions of personality and protest. Non-academic garb worn by candidates for the M.D. degree ranged from relatively square to hip, and many who chose not to wear traditional caps and gowns donated the money they saved to peace groups.



Eighty-four candidates for the degree of Doctor of Medicine—the largest medical class yet to graduate from Yale—received their degrees at the university's 269th commencement on June 8. In ceremonies on the Old Campus and at Mary S. Harkness Auditorium, degrees were also awarded to forty-seven candidates for Master of Public Health, two for Doctor of Public Health, and twelve for Master of Science in Nursing.

The honorary degrees conferred by the university this year included the Doctor of Laws awarded to an outstanding alumna of the School of Medicine, Dr. Leona Baumgartner.

The M.D. degree *cum laude*, presented to students whose work shows unusual merit, was awarded to Anne McB. Curtis, Michael D. Danzig, Robert D. Gilbert, Thomas H. Gouge, Robert H. Hicks, Jr., James R. Missett, Bruce A. Reitz, Pedro J. Rossello, Anne Weissman, and Robert S. Young.

The following prizes and awards were conferred on members of the graduating class:

The Borden Undergraduate Research Award in Medicine to a graduating student whose research has been determined to be the most meritorious performed by all similarly eligible persons, originality and thoroughness of research to be of primary consideration: Elliott J. Simon.

The Campbell Prize for the highest rank in the examinations of the course: Robert D. Gilbert.

The Miriam Kathleen Dasey Award to that student who by strength of character, personal integrity, and academic achievement gives promise of fulfilling the ideal of the compassionate physician: Anne Weissman.

The Keese Prize to the student who presents the best thesis: Kenneth A. Khoury.

The Parker Prize to the student who has shown the best qualifications for a successful practitioner: Robert M. Rosa.

The Ferris Prize in Anatomy for research contribution in the area of morphology: Roger J. Branson.

Prizes to students other than those in the graduating class included:

The M. C. Winternitz Prize in Pathology to the second-year student or students who, in the opinion of the Department of Pathology, performed outstanding work in the course: Michael L. Charney, Sandra J. C. Deegan, and John P. O'Grady.

The Perkins Scholarship Prize to the student making the best record in scholarship in the basic subjects of the medical and biological sciences: Paul A. Vignola.

The Ramsey Memorial Scholarship Prize to a student of unquestioned ability and character after completing his first year in clinical medicine: Barbara K. Kinder.



The University Honors Dr. Baumgartner

"The public health of the world's greatest city and the development of the world's poorest countries have both felt the constructive impact of your vigorous mind and energetic action. Your professional alma mater has basked in the reflected glory of your accomplishments . . ." So reads in part the citation spoken by President Kingman Brewster as he conferred the degree of Doctor of Laws on Leona Baumgartner, Yale Ph.D. 1932, M.D. 1934.

Following the commencement exercises Dr. Baumgartner was again honored, being one of five alumni of the Yale Graduate School to be awarded the Wilbur Lucius Cross Medal for outstanding achievement in the fields of scholarship, teaching, administration, and public service.

Dr. Baumgartner has served as commissioner of health of New York City, associate chief of the United States Children's Bureau, and assistant secretary of state for health affairs with the Agency for International Development. As executive director of the Medical Care and Education Foundation, Inc., she is at present supervising the development of a tri-state regional medical program for New Hampshire, Massachusetts, and Rhode Island. She is a member of the medical faculties of Cornell and Harvard.

In and About Sterling Hall



Dr. Adelberg

Dr. Adelberg Appointed Chairman of Department of Microbiology

Dr. Edward A. Adelberg, professor of microbiology, has been named chairman of the Department of Microbiology. He succeeds Dr. Byron H. Waksman, who is presently on sabbatical leave in England continuing his research in immunobiology.

Dr. Adelberg, an authority on cellular genetics, served a previous term (1961-64) as chairman of the Department of Microbiology. In 1964 he was named director of the Division of the Biological Sciences for the entire university, a post which he held until 1969. Earlier this year, he spent the spring semester at Oxford University where he worked with animal cells in culture in the laboratory of Professor Henry Harris, head of the Dunn School of Pathology.

An alumnus of Yale College, class of 1942, Dr. Adelberg served in the meteorological service of the Army Air Force during World War II. After the war he took both his M.S. and Ph.D. degrees at Yale, and in 1949 joined the faculty of the University of California at Berkeley as an instructor in the Department of Bacteriology. He was promoted to the rank of professor in 1960 and held the chairmanship of the department from 1957 until 1961, when he returned to Yale as professor of microbiology and department chairman.

Dr. Adelberg has been a member of the microbiology committee of the National Board of Medical Examiners since 1966. He is currently on the

board of governors of the American Academy of Microbiology and councilor-at-large of the American Society for Microbiology. His numerous other professional affiliations have included the editorship of the *Journal of Bacteriology* from 1964 to 1967, and of *Bacteriological Reviews* from 1967 to 1970.

He has held two Guggenheim fellowships during which he pursued research in France, first at the Pasteur Institute in Paris in 1956-57, and subsequently, in 1965-66, at the Centre Nationale de la Recherche Scientifique laboratories at Gif-sur-Yvette.

Governance of the School

In the Spring of 1969 a Committee on Governance was established by the Board of Permanent Officers of the School of Medicine. Under the chairmanship of Dr. Albert Solnit, it met regularly through the summer and fall with various groups from the medical school and the university. A working draft of the committee's report, sent to all faculty and students in November 1969, was subsequently discussed in a series of meetings running through the winter. The final report and recommendations of the Committee on Governance were approved with certain amendments by the Board of Permanent Officers in March 1970. As noted in the preamble to the report, "Concern with the governing process and structures at the School of Medicine reflects a national as well as a local dilemma, requiring us to understand vast changes that have taken place in the past twenty-five to thirty years in education in general and specifically in medical education."

The changes in governance adopted may be briefly summarized in the following excerpts from the report:

1. "That a Medical School Council be constituted to provide an influential forum for all school-wide issues in order for the Council to express its opinions to those who have the responsibility to act on these issues. This council shall consist of students and faculty, [and shall] serve as the Edu-

cational Policy Committee of the faculty."

2. "That the Medical School Council appoint a Steering Committee [which] shall respond to all inquiries from individuals or groups, informing them where and how they may express a question or suggestion so it will be heard and responded to in an appropriate manner."

3. "That the executive leadership of the School . . . hereafter referred to as the Executive Officers, shall be expanded in its capacities and functions to the degree necessary to enable it to effectively review, plan, and implement the tasks of the School of Medicine in a visible and well-informed manner."

4. "That there be established a joint committee on planning and priorities of the Executive Officers and the Medical School Council. . . . This Joint Committee will study, evaluate, and make visible recommendations about the annual budget and long-term budgetary considerations involved in planning and priorities."

5. "That the Departmental Chairmen will be appointed for terms of office described in the Report, will serve as the first members of their faculty, and are encouraged to meet in order to inform and express themselves influentially on all interdepartmental and school-wide issues. The Departmental Chairmen will be expected to serve as advisors to the Dean."

The Medical School Council has been elected and steps are well under way to implement the above recommendations to strengthen and improve the self-determining capacities of the Yale School of Medicine. The Board of Permanent Officers will retain its authority in regard to admissions, appointments, promotions, and the awarding of degrees.

Dr. Senn Named Emeritus

Dr. Milton J. E. Senn, a member of the Yale medical faculty for twenty-two years, became Sterling Professor Emeritus of Pediatrics and Psychiatry in June. The founder of the Yale Child Study Center and its director from 1948 to 1966, he was also chairman of the Department of Pediatrics from 1951 to 1964.

Under Dr. Senn's direction the Child Study Center became a productive interdisciplinary unit where a wide variety of graduate, undergraduate, and postdoctoral students have been able to further their studies in the clinical, psychological, educational, and social aspects of child development and behavior.

At its convention in San Francisco last May, the American Psychiatric Association presented Dr. Senn with its Agnes Purcell McGavin Award established to "honor those who have made outstanding contributions to the prevention of emotional disorders in children." Over the years he has received many similar honors.

In addition to writing more than seventy scientific publications and two books, Dr. Senn is known to millions of parents through his popular magazine columns. He plans to continue work on an oral history of the child development movement in America for the National Library of Medicine as well as serving as a volunteer consultant in health care to organizations in the rural South and as vice-president for child studies of the Field Foundation of New York City.

Faculty Honors and Awards

Dr. Lawrence K. Pickett, professor of surgery and pediatrics, received the 1970 Francis Gilman Blake Award given annually "to that member of the faculty of the Yale University School of Medicine designated by the senior class the most outstanding teacher of the medical sciences."

At a ceremony held in Hijiya Park, Hiroshima, Japan, on March 30, the United States Atomic Energy Com-

mission awarded a citation to Dr. George B. Darling, professor of human ecology, "for outstanding service in the nation's atomic energy program." In recognizing Dr. Darling's contribution as director of the Atomic Bomb Casualty Commission program since June 1957, Clarence E. Larson, Commissioner, said, "He has brought to this assignment an enlightened understanding, a fine sense of humor, a full sense of humility, and a deep feeling for his fellow man."

In his reply Dr. Darling said, "We are trying to measure the effect of something new that no one really understands . . . No one at any time anywhere has undertaken a study remotely resembling this. The uniqueness comes not from radiation alone but from the necessity to contend with the life-span of man . . . I hope that the governments of the United States and Japan will agree that the task should be carried through to completion."

Dr. Joseph R. Bertino, professor of medicine and pharmacology, was honored in April for his basic work in the chemotherapy of leukemia by the American Society for Pharmacology and Experimental Therapeutics which gave him its 1970 award for experimental therapeutics. Dr. Bertino is investigating the molecular mechanism by which certain drugs, in particular methotrexate, inhibit key enzymes, resulting in the death of leukemic cells. He is also a pioneer in developing techniques to protect patients from the toxicity of methotrexate without circumventing the effectiveness of the drug in attacking tumor cells.

Dr. James D. Hardy, professor of epidemiology and physiology, was one of fifty new members elected to the National Academy of Sciences in "recognition of their distinguished and continuing achievements in original research." Dr. Hardy is director of the John B. Pierce Laboratory.

Dr. David Seligson, professor of laboratory medicine, received the Donald D. Van Slyke Award at the

annual meeting of the New York Metropolitan Section of the American Association of Clinical Chemists "for excellence and outstanding contributions in the field of clinical chemistry." Dr. Seligson gave the address, which was entitled "An Approach to Automation in Clinical Chemistry."

Dr. Allan V. N. Goodyer, professor of medicine, and Dr. Arthur J. Geiger, clinical professor emeritus of medicine, are among the 1970 recipients of the Distinguished Service Award of the American Heart Association. Dr. Goodyer is the immediate past president of the Connecticut Heart Association, and Dr. Geiger served as the first president of the state organization.

New Administrative Appointments

Two new administrative posts have been established in the medical school with the appointments of Robert L. Hart and Elliot Segal. Mr. Hart has been named special assistant to the dean for alumni and development affairs, Mr. Segal coordinator of allied health manpower in the medical school and Yale-New Haven Hospital.

Lillian J. Dalton has been appointed registrar of the School of Medicine, succeeding Alice Riccaey Sartorelli who had served as registrar since 1962.

New Faculty Appointments

Lawrence S. Cohen, M.D., has been appointed professor of medicine. A graduate of Harvard College and New York University School of Medicine, Dr. Cohen was a house officer at the Yale-New Haven Medical Center from 1958 to 1960 and again in 1964-65. From 1965 to 1968 he was head of clinical service in the Cardiology Branch of the National Heart Institute and prior to coming to Yale was on the faculty of the University of Texas Southwestern Medical School where he was an associate professor and chief of clinical cardiology.

Other new appointments to the full-time faculty effective July 1 include Mark W. Bitensky, M.D., and Charles R. B. Carrington, M.D., as associate professors of pathology, and George L. Cohen, M.D., associate professor of clinical psychiatry.

Promotions to Professorships

The following members of the medical faculty were promoted to professorships effective July 1: Joseph R. Bove, M.D., professor of laboratory medicine and pathology; Paul L. Erera, M.D., professor of clinical psychiatry; Lawrence R. Freedman, M.D., professor of medicine; and Herman Yannet, M.D., clinical professor of pediatrics.



Dr. Collins

Dr. Collins Named Cushing Professor of Surgery

Dr. William F. Collins, Jr., professor of neurosurgery and chief of the Section of Neurosurgery, has been named the first incumbent of the Harvey and Kate Cushing Professorship of Surgery at Yale.

The new chair was endowed by a gift from the four children of the late Dr. and Mrs. Cushing. Dr. Cushing, one of the founders of modern neurosurgery, graduated from Yale College in 1891 and from the Harvard Medical School. He taught at Johns Hopkins and Harvard before returning to Yale in 1933 as a member of the faculty, a post he held until his death in 1939.

Dr. Collins, an alumnus of Yale College and the Yale School of Medicine,

class of 1947, is noted for his research in neurophysiology and neuroendocrinology. His studies of small nerve fiber systems in the spinal cord and brain have resulted in important additions to the understanding of the nervous system. He is also well known as a clinician and teacher. Before coming to Yale he was professor and chairman of the Division of Neurological Surgery at the Medical College of Virginia.

New Members Elected to AOA

The following members of the class of 1971 have been elected to membership in Alpha Omega Alpha, the medical honorary society: Fred Finkleman, Barbara Kinder, Robert Park, and Paul Vignola. Also recently elected to AOA are the following faculty members: Dr. Vincent A. Andriole, associate professor of medicine; Dr. Marie J. Browne, associate professor of pediatrics; and Dr. William F. Collins, Jr., Harvey and Kate Cushing Professor of Surgery.

Faculty Notes

Dr. Nicholas M. Greene, professor of anesthesiology, last spring spent two months as a volunteer on the hospital ship *Hope* stationed off Tunis. He was particularly impressed by the philosophy of the *Hope* program, which is to teach good health care within the context of the culture and facilities of the nations visited, rather than attempting to "impose on other cultures what we regard as appropriate."

Dr. Greene taught physiology, pharmacology, surgery, and anesthesiology to medical students, nurses, and faculty members of the University of Tunis, and divided his time between the ship and the university medical school.

The S.S. *Hope*, which is supported by voluntary contributions, is operated by the People-to-People Health Foundation, Inc., 2233 Wisconsin Avenue, N.W., Washington, D.C. 10007.

Dr. Albert J. Solnit, professor of pediatrics and psychiatry and director of the Child Study Center, assumed the post of president of the American Psychoanalytic Association at the association's 57th annual meeting in San Francisco in May. The association also elected Dr. Seymour L. Lustman, professor of psychiatry at the Child Study Center, its councilor-at-large.

Dr. James P. Comer, assistant professor of psychiatry and associate dean, attended the International Congress of Child Psychiatry in Jerusalem in August. Last February, Dr. Comer was appointed by Governor John Dempsey of Connecticut to the State Board of Pardons.

Dr. Vincent T. Andriole, associate professor of medicine, participated in the joint meeting of the Infectious Disease Society of America and the Scottish Society for Infectious Disease in September in Edinburgh, where he described his work on renal tubular acidosis and amphotericin B. Later in the month he attended a similar joint meeting in Göteborg, Sweden, with the Scandinavian Infectious Disease Society.

At the invitation of the International Diabetes Federation, Dr. Philip Felig, assistant professor of medicine, presented a guest lecture in August at the Seventh International Congress on Diabetes in Buenos Aires, Argentina. He spoke at a symposium on gluconeogenesis and hormones. In September he traveled to Stockholm, Sweden, to take part in the Karolinska Institute Symposium, "Muscle Metabolism During Exercise," where he lectured on the interaction of carbohydrate and amino acid metabolism in muscular exercise.

Dr. Peter F. Curran, professor of physiology, spent July and August at the Center for Research and Advanced Study, National Polytechnic Institute, Mexico City, where he was visiting professor in the Department of Physiology. He gave a series of twenty lectures on non-equilibrium thermodynamics, in addition to conducting seminars on his research work.

Dr. Alvan R. Feinstein, professor of medicine, served as a visiting professor at the University of Louvain in Belgium during the second week of May and, in June, as a visiting professor at McMaster University School of Medicine in Hamilton, Ontario. Earlier in the spring Dr. Feinstein gave the Alpha Omega Alpha Lectures at Emory University and the University of Rochester medical schools on "Computers in Medicine" and "Clinical Judgment and Basic Science."

Dr. Russell J. Barrnett, professor and chairman of the Department of Anatomy, gave a series of lectures in England in August on the fine structural localization of acyl transfer enzymes. He spoke at the Kennedy Institute of Rheumatology, Hammersmith Hospital, the University of London, and the University of Bristol Medical School. Later in the month he attended meetings and lectured in Helsinki, Finland, and Basel, Switzerland.

New Books

ATLAS OF EXPERIMENTAL IMMUNOBIOLOGY AND IMMUNOPATHOLOGY by Byron H. Waksman, M.D., professor of microbiology (Yale University Press). The importance of immunology, as the author notes in his preface, hardly needs stating. "The mechanism whereby an organism produces on demand as many as 10^5 distinct antibody molecules, differing in primary structure, ranks as one of the most challenging problems in contemporary molecular biology. At the same time, immunologic mechanisms play a major role in pathogenesis of many important classes of disease: infectious, allergic, hematologic, dermatologic, endocrinologic, and the still poorly understood 'autoimmune' and connective tissue disorders. Organ transplantation, a subject much in today's headlines, and tumor immunity are subheadings within cellular immunology . . . and immunologic deficiency disorders and neoplasms of the immunologic (lymphatic) organs provide still other important problems in medicine and surgery."

A unique and urgently needed tool in one of the most active fields of medical investigation, the atlas provides investigators, students, and teachers with a convenient and unified source of pictorial material illustrating morphologic aspects of the many immunologic phenomena that are or may be significant. It is intended for nonimmunologists, including physicians, surgeons, and molecular biologists, who work with immunologic entities, as well as for those immunologists who may lack familiarity with the morphologic or more purely biologic side of immunology.

More than 300 plates illustrate the full range of morphologic techniques, from photography of whole animals or human subjects with lesions to electron microscopy of high-resolution autoradiographs. An extensive index and a bibliography of books and papers are included.

WOMAN'S CHOICE by Robert H. Glass, M.D., associate professor of obstetrics and gynecology and director of the Yale Infertility Clinic, and Nathan G. Kase, M.D., professor and chairman of the Department of Obstetrics and Gynecology (Basic Books). The authors of this book, subtitled *A Guide to Contraception, Fertility, Abortion, and Menopause*, have put together a timely and nontechnical manual the purpose of which is to provide women with the kind of information they need to make "rational, highly personalized judgments" in the areas of sex and reproduction. The subjects covered include human reproduction, the menstrual cycle, contraception, infertility, menopause, hirsutism, abortion, and venereal disease. The language is clear, the authors' position characterized by their conviction that "a woman deserves to understand the reproductive system and the way in which it can be beneficially manipulated." At a time when many books covering the same subjects seem to be written with an eye to sales through sensationalism rather than the presentation of basic

information, obstetricians, gynecologists, and internists will find *Woman's Choice* a valuable reference to recommend to their patients. There are seven line drawings.

Psychiatric Nursing Institute

"Community Control" — *Realities and Possibilities* was the subject last spring of a Yale School of Nursing psychiatric nursing institute at which the theme itself became a spontaneous demonstration.

Participants in the five-day workshop, which was funded by the National Institute of Mental Health, were 120 nurses enrolled in graduate psychiatric nursing programs in the Northeast. Speakers included faculty members of the Yale nursing school and medical school. In addition, twenty-one members of the New Haven community, representing a variety of community organizations and neighborhoods, acted as consultants to the nurse trainees in an effort to help them "feel what it is like to be powerless and in need of health services, and to realize how important it is for the whole community to become interested in the needs and desires of minority groups."

Unanticipated action on the theme took shape when the nurses and the community consultants formed a "community" within the institute to study its policies and then presented a series of demands to the institute planning staff. The demands included immediate payment of promised honoraria to the consultants, involvement of community members in planning and policy making on future programs affecting them, and some control by the community over tape recordings, photographs, and royalties that might result from the institute. After the demands had largely been met, the remainder of the institute provided a forum in which the participants were able to analyze what had happened and to examine the parallels between group process in the institute situation and in the outside world.



C. N. H. Long, M.D.

Dr. Cyril Norman Hugh Long died following a heart attack suffered while fishing with his grandson at their summer home in Pemaquid, Maine, on July 6, 1970. He was sixty-nine years old, having been born on June 19, 1901, in Nettleton, England. He had retired from the Yale faculty a year ago after thirty-three years of service.

Those who knew him well appreciate how appropriate was the site of his demise. He loved the sea, not as a sportsman but as a naturalist, and spent many happy hours along the Maine coast exploring tidal pools among the rocks and the flats at low tide.

Dr. Long was recognized as one of the leading investigators of his generation in the field of endocrinology. He was educated basically as an organic chemist at the University of Manchester (England) where he received B.Sc., M.Sc., and D.Sc. degrees. Early in his career, however, he became associated with Professor A. V. Hill in studies on the relationship of lactate formation to muscle contraction, and this led to interest in the metabolism of diabetic patients during exercise and subsequently to the effects of hypophysectomy and adrenalectomy on the formation and dissipation of muscle glycogen.

It is not surprising that he interrupted his research at this point to study medicine at McGill University, where he was awarded the M.D.C.M. degree with honors in 1928. After ser-

ving for a few years on the faculty at McGill, he migrated to the University of Pennsylvania and in 1932 became director of the George S. Cox Medical Research Institute. There he continued his studies of the pituitary and adrenals. The ameliorating effect of adrenalectomy on experimental diabetes was first noted by Long and Lukens in 1934. These studies led to the concept that carbohydrate metabolism is maintained in balance by the opposing effects of insulin on the one hand and adrenal cortical and anterior pituitary factors on the other. The essential truth of this concept underlies much of modern research in endocrinology.

In 1936 he was appointed professor and chairman of the Department of Physiological Chemistry at Yale. His research over the next three decades centered around the effects of pituitary and adrenal extracts on the metabolism of carbohydrates. He also collaborated with Dr. John Brobeck in studies on the relation of hypothalamic lesions to obesity and with Drs. White and Wilhelmi in studies of the hormones of the adenohypophysis, which led ultimately to isolation of highly purified prolactin, ACTH, and growth hormone. In recent years he was most concerned with the mechanisms by which release of ACTH is controlled.

Dr. Long's interests were not confined to the laboratory. He was a stimulating teacher of medical and graduate students and at the height of his career attracted students from all over the world. By recent count, twenty-one of his disciples are now chairmen of departments and thirty-three others hold the rank of professor. The breadth of his influence is also indicated by the wide range of biological sciences with which these men are identified.

As an administrator, he served not only as chairman of the department of Physiological Chemistry (1936-51) and of the Department of Physiology (1951-64) but also as director of the Division of Biological Sciences (1939-42) and as dean of the School of Medicine (1947-52). During the deanship

he led the school through the difficult period of postwar adjustment and the beginning of expansion.

His contributions have been recognized by many honors, including honorary degrees from Princeton and McGill universities and the University of Venezuela. He was elected to the National Academy of Sciences, the American Academy of Arts and Sciences, and the American Philosophical Society, and served as president of the American Society for Clinical Investigation, the Endocrine Society, and the Society for Experimental Biology and Medicine. In 1938 he was named a Sterling Professor and in 1966 the C. N. H. Long Professorship was established in his honor by Yale.

He is survived by his wife, Hilda, to whom he was married in 1928, two daughters, Barbara (Mrs. Richard P. Simons of Honolulu) and Diana (Mrs. David D. Hall of Arlington, Massachusetts), and six grandchildren.

Hugh Long's versatility, sparkling intelligence, and gentle personality made him a pleasant companion. He will be remembered with affection and respect by colleagues throughout the university and the scientific world.

V.W.L.



Charles C. Wilson, M.D.

Dr. Charles Christopher Wilson, professor emeritus of education and public health, died suddenly at his home in Hamden, Connecticut, on April 9, 1970, following a heart attack. He was seventy-five.

A graduate of Springfield College where he majored in health and physi-

cal education, Dr. Wilson taught school for several years in Hartford, Connecticut, before entering medicine. He earned his medical degree at Yale in 1928 and served as director of health and physical education first in the Evansville, Indiana, school system and then in Hartford. From 1941 until 1946 he was professor of health education and chairman of the Department of Special Education at Columbia University Teachers College.

His association with the Yale medical faculty began in 1936, and he became professor of public health and education in 1946. He retired from active service in 1964. A resolution passed by the Board of Permanent Officers of the medical school fol-

lowing his death reads in part:

"Dr. Wilson's career in public health spanned an era of extraordinary growth and change in the concepts and practice of public health, changes which were dramatically reflected in his special interest in health education of the public. In the early years, as a colleague of Professors Winslow and Hiscock, Charles Wilson drew attention to the role of an informed and motivated public as a critical element in the achievement of the goals of public health and medical care . . . He insisted that priority emphasis be placed on the early formation of health knowledge, skills, and attitudes of school age children and young adults . . . Dr. Wilson's students at Yale were but a small

fraction of the young men and women who felt his enthusiasm, his wisdom, and his buoyant good spirit. School children and their teachers throughout the United States have long been familiar with the lively educational texts written by Dr. Wilson in collaboration with his wife, Elizabeth Avery Wilson."

Dr. Wilson received the William A. Howe Award in 1953 in recognition of his contribution to the health of school children. He served in numerous advisory posts at the national and state level and with the World Health Organization in Latin America and Europe.

His survivors include, in addition to his wife, his son, Dr. Charles S. Wilson of Tenafly, New Jersey, of the Yale medical class of 1963.

Alumni News

1925

ALICE WHITTIER reported on the 45th reunion of the class of '25. Present were ISRAEL and Mrs. BLODINGER, WALDO and Mrs. DESMOND, HENRY FERRIS, WILLIAM LOGAN, JOSEPH and Mrs. PETRELLI, CHARLES

ation, but missed two members who had been with us at the last two reunions, SPAFFORD ACKERLY and IVES HENDRICK. All of us were sorry to learn that CHRIS WOOD could not be with us because of a recent illness. The absent members were not

ned party for my 75th birthday conflicts."

1929

LOUIS LICHTENSTEIN, who lives in Palo Alto, Calif., lectured in Italy on bone tumors at the Istituto Ortopedico Rizzoli of the University of Bologna in June. Dr. Lichtenstein is the author of a new book, *Diseases of Bone and Joints*, published by the C. V. Mosby Co.

RUSSELL SCOBIE attended the Pan American Congress of Pediatrics in Bogota, Colombia, in July and presented a paper on the international aspects of water fluoridation with



Reunion of the class of 1925

and Mrs. SOLOMON, MORTON TENDER, ALICE WHITTIER, and HOWARD WOOD. Dr. Whittier wrote in part: "We gathered for a very pleasant meeting at the home of Dr. and Mrs. Joseph Petrelli and went from there to the Quinnipiac Club for our class dinner . . . We welcomed especially Howard Wood who was back in New Haven for the first time since gradu-

ation, and we regretted that so few had sent greetings. The meeting was very enjoyable for all those present and we appreciated Joe Petrelli's work in arranging for the reunion. We shall look forward to our 50th reunion in 1975."

SPAFFORD ACKERLY would have returned for reunion, but "a long plan-



Dr. Scobie

special emphasis on the Americas. He reports that he spent time with SAM KARELITZ ('23) and NELSON ORDWAY ('38), who were also participating in the congress.

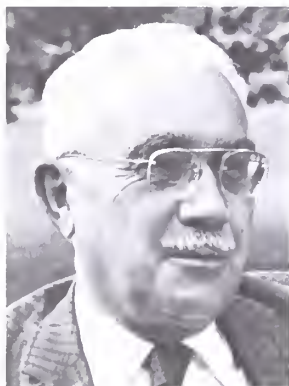
1930

Excerpts of a note from the class secretary, PAUL LAVIETES, described the reunion of the class of 1930: "Drs. LISCHNER, HART, ALPERT, and I attended the reunion with our wives and Dr. ED FLYNN was unaccompanied. The Alperets were unable to stay for dinner . . . Everybody seemed to enjoy the get-together and they were pleased to have dinner in the dormitory . . ."

1931

BENJAMIN CASTLEMAN, professor of pathology at the Harvard Medical School and chief of the Department of Pathology at Massachusetts General Hospital, has been named the sixth incumbent of the Shattuck Professorship in Pathological Anatomy at Harvard. Dr. Castleman is a frequent visitor at Yale and was an active member of the AIM campaign cabinet in the Boston area.

PHILIP LA FRANCE is now on the senior active surgical service at the Lakes Region General Hospital in Laconia, N.H., having just completed six years as head of the surgery staff as well as serving as chief of staff for the past two years. An orthopedic surgeon and former president of the New Hampshire Medical Society, Dr. LaFrance was one of five physicians who in 1938 founded the first private group practice clinic in New England. Called the Laconia Clinic, the organization occupies its own well-equipped building, and the team of doctors has now expanded to sixteen.



Dr. LaFrance

Among the books in Dr. LaFrance's medical library is a copy of the 28th edition of Gray's Anatomy which he especially prizes. It is inscribed to him by his patient, long-time friend, and former anatomy teacher at Yale, CHARLES M. GOSS ('26), who has edited the classic text since 1928.

1934

LEONA BAUMGARTNER was married on June 26 to Alexander Langmuir, the newly appointed professor of epidemiology at the Harvard Medical School and a member of the Center for Population Studies at the Harvard School of Public Health. In June, while Dr. Baumgartner was receiving an honorary degree at Yale, Dr. Langmuir was in Atlanta, Ga., receiving a similar award at Emory University. For more on Dr. Baumgartner, see pages 3 and 17.

1935

The class of '35 celebrated its 35th reunion with a dinner in the private dining room of the Edward S. Harkness dormitory. Present with their wives were LOUIS SILCOX, SAMUEL KUSHLAN, NORMAN RINDGE, and JAMES HARALAMBIE. VIVA SCHATIA Kanzer, whose husband, Mark, could not be present, was also a member of the group. Dr. Haralambie, class secretary, reported in part: "It was an intimate delightful dinner with just the right admixture of rare vintage wine and brilliant conversation. Sam Kushlan and his wife gave us a first-hand description of the May Day demonstrations in New Haven, and as the evening progressed, our talented Man of All Seasons, Lou Silcox, entertained us with a spontaneous piano and vocal rendition of jazz as it was. By the evening's end, plans for the 40th reunion were already under way."

ASHBEL WILLIAMS regretted that he had a conflicting date for Alumni Day. On that same Saturday, he was slated to attend the Tenth International Cancer Congress in Houston, Texas.

1937

EDWARD SHAW has been practicing surgery at the Sutter Clinic in St. Louis for three years, thus fulfilling a lifelong interest in dealing with the treatment of trauma. He has ample opportunity for utilizing his skills in this area since the clinic services 1,200



Dr. Shaw

local industries, both large and small. He also has appointments at Lutheran, Incarnate Word, and Alexian Brothers hospitals. On the personal side, Dr. Shaw's interest in photography continues and has led him to painting in oils. The ample grounds that surround his residence have made him an enthusiastic gardener. His address is 3105 Longfellow Blvd., St. Louis, Mo. 63104.

1938

LOUIS WELT was the cover story subject for the July 18 issue of *Modern Medicine*. According to the lead sentence of the article, Dr. Welt "describes his medical experience at Yale University as 'magnificent,' and he relishes his treatment there as an adult, which meant freedom to explore, to inquire, to become inspired or enthused—and to do them all at his own pace." Since 1965 he has been chairman of the Department of Medicine at the University of North Carolina at Chapel Hill. He has been deeply involved in matters of curriculum at the university's medical school and espouses the educational opportunities presented by the delivery of



Dr. Welt

health care and preventive health measures by students and young physicians in nonhospital settings.

1940

A small but convivial reunion was celebrated by the class of '40. Classmates JAMES FERGUSON, EDWARD SMITH, JOSEPH SOKAL, JOHN WELLS, and JOHN HALEY, reunion dinner chairman, dined with their wives at the New Haven Country Club. Besides renewing old friendships, the group enthusiastically endorsed the new class agent, JOSEPH ZIGARELLI, and the new class secretary, PATRICIA WANNING.

1943

LYCURGUS DAVEY has been elected vice-president of the medical staff of Yale-New Haven Hospital for 1970-71. SOPHIE TRENT rounded out a full year of activities, professional and



Dr. Trent

extracurricular, by her marriage on June 1 to Col. Ronald B. Stevens, USAF (ret.). In addition to her practice of internal medicine in Meriden, Conn. she is on the staff of the Meriden-Wallingford Hospital, the Undercliff Mental Health Center, and the clinical outpatient department of the Newington Veterans Administration Hospital. In avocational areas of expertise, she won first prize for a collage, entitled *Vermont Autumn*, at the Connecticut Physicians' Art Association exhibit, and is the author of a second book of poetry, *My New England*, which was published in May.

1945

Dinner Chairman RICHARD BRECK reported on the 25th reunion of the class of '45: "Friendships were renewed in the morning at the Beau-

mont Room, later at a sherry hour just before lunch, and again at the social hour in the Edward S. Harkness Dormitory lounge. Our dinner party was held at the recently refinished Faculty Club. Twenty-three members returned (including Hoover) and there were eighteen attractive wives. Three came from California, two from Florida, and one each from Missouri, Illinois, and North Carolina. FRED BLODGETT, class secretary, phoned his regrets, and was missed by all. Guests were Dr. and Mrs. Larry Pickett and special surprise guest Betsy Due Reilly. Members attending included: ALBERT ATWOOD, RICHARD BRECK, SANFORD COCKERELL, RICHARD DYER, ROBERT EASTON, JOHN FLYNN, JAMES GARDAM, PHILIP GOOD, ISAO HIRATA, HANS HUESSY, WILLIAM JENNEY, MICHAEL LAU, MARK LINDSEY, JAMES MASON, SAMUEL MAY, LAWRENCE MORIN, GEORGE NAUMBURG, WILLIAM O'CONNELL, RAYMOND PARKS, RICHARD PETERS, ELLIOT REINER, JOSEPH STANTON, and KENNETH STEELE.

EDWARD DANIELS was promoted to assistant clinical professor of psychiatry at the Harvard Medical School in April. Dr. Daniels, who is associated with McLean Hospital, is a training and supervising analyst at the Boston Psychoanalytic Institute. In addition, he is chairman of the Committee on Ethics and a member of the Executive Council of the American Psychoanalytic Institute. An active member of the community, Dr. Daniels is chairman, Parents' Committee, of the Child Study Center of Simmons College and on the board of directors of the Jewish Family and Children's Service in Boston.



Dr. Daniels

1946

MARTIN GORDON, associate clinical professor of medicine at Yale, was the 1970 recipient of the Benedict R. Harris Award. This award is presented annually to the private physician who has contributed most to the teaching of first-year residents on the Yale-New Haven Hospital Memorial Unit Medical Service. The award, inaugurated by the first-year medical residents in 1967, is named for Dr. BENEDICT HARRIS ('22), who was chief of medicine at the Memorial Unit from 1959 through 1967.

1948

JACK STROMINGER was one of fifty new members elected this past spring to the National Academy of Sciences in "recognition of their distinguished and continuing achievements in original research." Dr. Strominger was, until two years ago, chairman of the Department of Pharmacology at the University of Wisconsin Medical School. He has now joined the Faculty of Arts and Sciences at Harvard University and is about to undertake the first year of a three-year rotating appointment as chairman of the Department of Biochemistry and Molecular Biology. He and his wife and four sons enjoy being back in New England very much as all are skiers and sailors.

1950

SIDNEY LEE, class secretary, reported: "Our twentieth reunion revealed some large paunches, greying hair (for those who had some) on the part of the men—a striking contrast to the youthful appearance of the gals in our class. In attendance were SYLVIA LEVINE AXELROD, IDA MAHONEY BUCHER (without BILL), KENT ELLIS, YVETTE FRANCIS, DAVID FRUCHT, ARCHIE GOLDEN, MARILYN KRITCHMAN, SID LEE, HAL MARCH, O. J. MILLER, MARTY SMITH and spouses plus Marty Smith's son, Steve, and JOHN LE ROY. Larry Freedman ('51) joined us for part of the day. Reminiscences and alcohol flowed freely, with the latter potentiating the former. Archie Golden, our dinner chairman, acquitted himself admirably. Kent Ellis, briefly involved in conversation, was unanimously elected class secretary for the coming five years to include our upcoming 25th reunion. We had a grand time

being together again and we really missed those of you who couldn't attend."

RUSSELL ANDERSON has been in general practice in Seattle for seventeen years and is a member of the A.A.G.P. He is president of the board of trustees of Northgate Hospital and was until recently chairman of the general practice section of the Washington State Medical Society Scientific Assembly. He regrets not being able to make reunion, especially as no classmates practice nearby, but he reports that GERALD NOWLIS ('48) has an office in the same building as his. Dr. Anderson writes "Philosophically speaking, I feel this is a great time to be living. As a people, we are finding that we finally have to face up to the many problems we are confronted with and which demand solutions—we can no longer leave our garbage behind us and go West."

LLOYD FELMLY could not get to reunion because his eldest son was graduating from school in Lake Placid. In his letter of regrets he reports: "Haven't seen too many of the class, but BOB SCEERY and gang were here a few years ago for a skiing weekend . . . See RALPH ALLEY ('43) and HARVEY KAUSEL ('44) only once in a long time while roaming about Albany. It's a nice smooth life here, despite a large general practice. Peg is director of the Nursing Department at the local community college (SUNY). We have five fine kids . . . ski all winter . . . swim all summer . . . take vacations only in the winter (in Canada's Laurentian Mountains) . . . horses behind the house . . . don't envy you city lads a bit." Dr. Felmly and his family live in Salem, N.Y.

WILLIAM NEWTON sent greetings to his classmates and regrets to the class secretary but hopes to be able to make the 25th reunion. He wrote in part: "Since graduation I completed the training program in general surgery at Barnes Hospital (with a 'two-year vacation' in Korea) and have remained on the full-time academic staff at Washington University. In 1960 I took on the supervision of the Surgical Service at the Veterans Hospital here in St. Louis and have spent about 80 percent of my time there since." He was married in 1956 and has four children.

JOHN STRAUSS was traveling to Bermuda at the time of reunion but sent best regards to everyone in the class. He is professor of dermatology at Boston University School of Medicine and has been there since 1957. The major portion of his time is spent in research on human sebaceous glands and acne. He is secretary-treasurer of the Society for Investigative Dermatology, a trustee of the Dermatology Foundation, a member of the council of the National Program for Dermatology, and a member of the Dermatology Training Grants Review Committee for the National Institute of Arthritis and Metabolic Diseases of the NIH, deputy director of the Commission on Cutaneous Diseases of the Armed Forces Epidemiological Board, and a member of the editorial board of the *Archives of Dermatology*.



Dr. Hukill

1953

PETER HUKILL has been named professor of pathology at the University of Connecticut Health Center in Hartford and will teach in both the School of Medicine and the School of Dental Medicine. He will also serve as pathologist-in-chief of university hospitals—the University of Connecticut Hospital, McCook Division, and the affiliated Veterans Administration Hospital in Newington. Previously, Dr. Hukill was a professor of pathology at the University of Alabama.

1955

SHERWIN NULAND reported on the class's 15th reunion which was attended by twelve members: "These were, with numerous beautiful wives, ATWATER, BURNS, CAMILLERI, DAUKAS, KRAMER, LANDAU, LATANZI, both LIEBs, MC GUIRE, NEL-

LIGAN, and NULAND. We met at the Tivoli and made believe it was Shap's or Nick's, but it couldn't have been because Alex Maitland wasn't behind the counter. We enjoyed ourselves so much we have decided to make this a yearly affair, and Dave Nelligan will get things moving for a reunion next spring, at which hopefully some more members of the class can come.

"As we all described what we've been doing for the past few years, we found ourselves getting deeper and deeper into a discussion of administrative problems and techniques of health delivery. It is nothing less than amazing to note how deeply most of us have had to become involved in this sort of thing instead of being the pure clinicians or researchers we had expected to evolve into on that June day in 1955. This, of course, is not all to the bad, and from the discussion it was clear that many of us have found rewards in this type of activity that we had never thought about until recently."

1956

JEROME KLEIN was promoted to associate professor of pediatrics at Harvard Medical School. In addition, he is associate director, Department of Pediatrics, and associate visiting physician for medicine, the second and fourth (Harvard) medical services at Boston City Hospital.

JACOB MAINZER has joined the faculty of the newly opened School of Medicine at the University of New Mexico in Albuquerque, as an assistant professor of anesthesiology. He reports: "Developments here in the next few years will be interesting, demanding and fun. Anesthesia has close affiliation here with an active Department of Pharmacology, and we are cooperating on several projects. We are also establishing an increasingly active teaching program for the students, house staff, nurses, and practitioners of this state. I am pleased to be able to combine living in New Mexico and university medical practice." Dr. Mainzer was recently married to the former Carolyn Ruth Price.

1957

WILLARD KREHL has been appointed professor and chairman of the Department of Preventive Medicine at the Jefferson Medical College in Phil-



Dr. Krehl



Dr. Kugelman

adelphia. Before his present appointment, he was professor of internal medicine at the University of Iowa College of Medicine and coordinator of the Iowa Regional Medical Program.

1959

FRANCIS BEER has gone into the practice of general surgery in Waltham, Mass., having been a member for the past five years of a private group practice organization, the Laconia Clinic, in Laconia, N.H. Dr. Beer completed his residency in surgery at the Yale-New Haven Hospital in 1965. His new address is 25 Grant St., Waltham, Mass. 02154.

1960

JERROLD POST, who replaced CHARLES ROBINSON as class secretary at the 10th reunion of the class, reported: "After the Alumni Day activities at the medical school, we went off to the Rotisserie Normande where Buzz had arranged for a fine banquet. We then repaired to the artifact-filled apartment of Kathy and DAVE DUNN in Branford for a great party which lasted until the early hours of the morning. A highlight of the evening was the playing of a tape of our senior class skit which Dave had somehow preserved through the years. In attendance were VIC ALTSHUL, LANNY and Judy AMES, GERRY and Donna CIMMINO, DAVE and Kathy DUNN, the WARREN FISHERs, JIM GILMAN, IRV and Elma GUTTENBERG, TOM and Alice KUGELMAN, AL and Barbara NEWCOMB, FRED and Ruth PALACE, JERRY and Sharon POST, NANCY ROLICK POWELL, AL ROSS, BUZZ and Pat ROBINSON, FRED and Ann STARGARDTER, and RON YANKEE."

THOMAS KUGELMAN has been pro-

moted to assistant clinical professor of dermatology on the faculty of the Yale School of Medicine. Dr. Kugelman, who is in the private practice of dermatology in Hartford, is on the attending staff at Hartford Hospital and the Veterans Administration Hospital in Newington. He serves on the consulting staff of the Institute of Living, the Hartford Dispensary, and Middlesex Memorial Hospital. In addition to the practice of dermatology, Dr. Kugelman is a frequent contributor to the *Journal of the American Medical Association* as a book reviewer, and he is an enthusiastic member of the Yale Faculty Yacht Club.

THOMAS LAU has completed a Central American Fellowship in Geographic Pathology at the International Center for Medical Investigation and Training in Costa Rica. The Department of Tropical Medicine at Louisiana State University awarded him a six-month grant to continue his studies of serum alloalbumins and dog heartworm infections in man. In September



Dr. Lau

Dr. Lau became assistant professor of laboratory medicine at the University of Connecticut School of Medicine. DONALD MOREST was promoted to associate professor of anatomy at the Harvard Medical School. In addition, he is research associate in otolaryngology at the Massachusetts Eye and Ear Infirmary.

1962

RICHARD PSCHIRRER has been promoted to assistant clinical professor of anesthesiology at Yale. He spent several years in surgical training at Yale-New Haven Hospital before going into anesthesiology. Dr. Pschirrer completed his anesthesia residency in June 1969, and has served as an instructor during the past year.

1963

HAROLD KAPLAN is now with Internal Medicine Associates in the practice of internal medicine and gastroenterology. His office address is 219 West Main Street, Meriden, Conn. 06450.

1964

JOSEPH CURI has entered private practice with an office at the Litchfield Hills Medical Center in Torrington, Conn. His practice is devoted to the general care of infants, children, and teen-agers.

1965

ROBERT KOEHL reported as follows on '65's fifth reunion: "We all enjoyed the class reunion. We got together for the cocktail party in the Harkness Lounge first and then went over to the Midtown Motor Inn for dinner . . . The following were there with their wives: DAVE CAMPBELL, MIKE CUMMINGS, CHRIS GATES, GARY GROSS, BILL GROSSMAN, BOB GRYBOSKI, REID HEFFNER, DAVE HILL, MOHANDAS KINI, LARRY OSSIAS, BOB PICKENS, and myself. Also present were RON KARPICK, BOB MC MEEKIN, ROBBIE PARKMAN, and JOHN MOONEY ('66)." At the time of reunion, VICTOR BURNER was on tour with the Los Angeles Doctors' Symphony in Greece, Turkey, and Israel and was planning to present a paper in Greece.

FRANK GRADY writes: "I finished my residency . . . and entered the U.S. Public Health Service which assigned me to Seattle, Wash. as ass't chief of

ophthalmology. I wasn't there two months when I was reassigned to the U.S.P.H. Hospital here in Galveston as chief of ophthalmology. Since we are associated with the University of Texas Medical Branch, this latter position also carries the title of assistant professor (clinical) of ophthalmology . . . I came back to New York briefly in June where, at the City University graduation ceremony, I was the first recipient of the Ph.D. in biomedical sciences from the Mount Sinai Graduate School of Biological Sciences of the City University of New York."

CARL HUNT regretted that he would be unable to return for reunion. He wrote: "Just to bring everyone up to date, I completed my fellowship in pediatric cardiology recently and am now an assistant professor of pediatrics at the University of Minnesota. In addition, I am the attending physician for the infant intensive care unit. As you can see . . . Ginny and I are settling down here for the present time with our three children."

HARLAN SPITZ regretted missing reunion, but "I'm still in Texas in the Air Force."

1968

JOSEPH ANDREWS, a first-year resident in medicine at the Yale-New Haven Hospital, was one of two members of the hospital house staff to receive the House Staff Award last May. The award is given annually to the house staff member who, in the opinion of third- and fourth-year medical students at Yale, is their best teacher of clinical medicine. Dr. Andrews shared the award this year with Dr. John Libertino, chief resident in urology.

GORDON SASAKI completed his surgical residency in June at the University of Oregon Medical Center. In July he reported to Fort Sam Houston, Tex., and expected to be sent then to Fort Benning, Ga., for on-the-job training in anesthesia.

JAMES WEISS announced the addition of a girl to their family. Lisa Fleur was born in June. The new arrival, her brother, Ethan, and their parents, Jim and Susan, have moved to 773 Azalea Drive, Rockville, Md. 20850, since Jim has joined the National Institutes of Health as a staff fellow.

PUBLIC HEALTH

1947

CECIL SHEPS is director of the Health Services Research Center and professor of social medicine at the University of North Carolina in Chapel Hill. Last June he gave the commencement address at the Chicago Medical School and was awarded an honorary degree. The citation read in part: "During his long and dedicated career as teacher, researcher, author, administrator and consultant, he has provided creative leadership in vitalizing the public health system."

1949

HARRY AUERBACH is assistant director of research and evaluation at the Illinois Regional Medical Program offices in Chicago.

ERNEST GRUENBERG is professor of psychiatry at Columbia University and director of the New York State Department of Mental Hygiene Psychiatric Epidemiology Research Unit. In June, Dr. Gruenberg received a Distinguished Service Citation from the State Department of Mental Hygiene for his pioneering work in epidemiological research of mental disorders.

1951

GEORGE KRAUS has been appointed director of health for the town of Greenwich, Conn.

1952

MORRIS A. GRANOFF was installed as president of the Connecticut State Medical Society in May 1970. He is also president of the New Haven Medical Association. Dr. Granoff has practiced general medicine in New Haven since 1941, with time out for military service with the U.S. Army during World War II. He is a member of the American Public Health Association, the Royal Society of Health, the Industrial Medical Association, and is a fellow of the American Geriatrics Society.

1953

JOHN JOSEPH is an instructor in pediatrics at the Harvard Medical School and assistant pediatrician at Massachusetts General Hospital. GUY STEUART is currently professor and chairman of the Department of Health Education at the School of Public Health of the University of North Carolina.

1956

DAVID BOYD has been appointed assistant administrator at the Bridgeport Hospital in Connecticut.

1958

JOAN CAMPBELL is the school nurse at the Bryant Junior High School in Minneapolis, Minn.

1959

KAY RICHARDS BROSCART is a lecturer in sociology at Boston College as well as visiting lecturer in sociology at the Andover-Newton Theological School.

JOSHUA COHEN has been appointed chief of the Organization of Medical Care Unit in the Division of Public Health Services at WHO headquarters in Geneva. For the past nine years, Dr. Cohen has been assistant director general (medical) and chief of hospital planning at the Israeli Ministry of Health, with responsibility for the development of the Ten Year National Hospital Plan. He has also served as a short-term consultant for WHO and was a consultant to the WHO Expert Committee on Hospital Administration in 1967.

1961

HOWARD PATTON has been appointed executive director of the Health Association of Niagara County. Mr. Patton lives in Ransomville, N.Y. 14131.

1963

SYDNEY LURIA has moved from Fairfield, Conn., where he was president of the Fairfield Board of Health, to Hollywood, Fla. He will continue in the practice of obstetrics and gynecology.

SAMUEL WEBB was recently promoted to assistant professor in the Department of Epidemiology and Public Health at Yale.

1964

CLAUDEWELL THOMAS has left the Connecticut Mental Health Center to join the staff of the National Institute of Mental Health. Dr. Thomas will be director of the Division of Mental Health Service Program.

1966

DOROTHY NOYES KANE is now director of the Environmental Science Institute at Southern Connecticut State College in New Haven.

Yale Medical School Alumni Fund Annual Report/September 1970

Fund Officers for the 1969-1970 Annual Giving Campaign

Myron E. Wegman, '32, Chairman
Richard W. Breck, '45, Vice Chairman for Regions
Franklin M. Foote, '33, '35 Dr. P.H., Vice Chairman for Public Health
William Druckemiller, '39, Parents Chairman
J. Roswell Gallagher, '30, Bequest Chairman

Former Medical School Alumni Fund Chairmen

Charles A. Breck, '30 1952-1959 (Deceased)
Russell B. Scobie, '29 1959-1963
Conrad R. Lam, '32 1963-1966
Daniel F. Harvey, '33 1966-1969

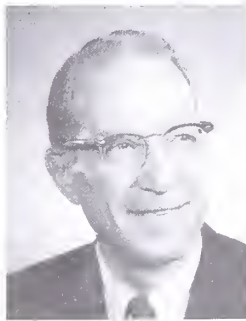
Campaign Results July 1, 1969 - June 30, 1970

Total amount received	\$76,564
Alumni	\$62,283
Parents	\$12,181
AMA-ERF	\$ 2,099
Number of contributors	1,901
Alumni	1,827
Parents	57
AMA-ERF	96
Per cent of participation	65%

To all those who have contributed to the Yale Medical Alumni Fund, my very special thanks. It is a privilege to be Chairman of the Fund for a second year, and I am particularly grateful to all who have helped me. We are proud that the average gift this past year increased, a fortunate circumstance since, sadly, we had fewer contributors.

To be sure, the total amount of money raised last year was slightly above 1969-70, but the total would have been well below had it not been for a quite unusual large gift from the parents of one of the current students, who were moved to make a special contribution by the tragic death of Prof. E. Richard Weinerman in the Zurich plane sabotage.

Yale has always prided itself on the high proportion of alumni who manifest their continuing support through annual contributions. Our thanks go to the 65 percent who gave, but I must report that during the past year the proportion of givers fell sharply. In expressing once more our gratitude to those who did contribute and who, I hope, will give again, I address a personal appeal to the others asking for an annual gift. With the unfortunate decline in federal aid to medical education, alumni support is the key to maintenance of excellence.



Myron E. Wegman
Myron E. Wegman, M.D.
Chairman

Results of 1969-1970 Campaign July 1, 1969-June 30, 1970

Year	No. of Alumni	Contributors including AMA-ERF	Per Cent of Part.	Total by Class	Endowment Parents and Misc.	AMA-ERF Gifts	Grand Total
1969-70	2,813	1,827	65%	\$62,283	\$12,181	\$2,099	\$76,564
Annual Results Since Inception of Medical School Fund							
1968-1969	2,801	1,937	68.5%	\$60,394	\$13,892	\$2,566	\$76,852
1967-68	2,744	1,972	70.0%	\$55,453	\$ 9,702	\$2,932	\$68,087
1966-67	2,666	1,822	68.3%	\$50,946	\$ 2,576	\$2,378	\$55,900
1965-66	2,618	1,770	67.6%	\$47,947	\$ 9,602	\$3,524	\$61,073
1964-65	2,566	1,709	66.6%	\$45,762	\$ 245	\$4,066	\$50,073
1963-64	2,544	1,635	64.3%	\$43,175	\$ 6	\$3,500	\$46,681
1962-63	2,481	1,614	65.0%	\$45,968	\$ 73	\$4,273	\$50,314
1961-62	2,422	1,527	63.0%	\$35,475	\$ 4	\$3,804	\$39,283
1960-61	2,347	1,503	64.0%	\$35,386	\$ 35	\$2,510	\$37,932
1959-60	2,310	1,298	56.2%	\$29,707	....	\$3,086	\$32,793
1958-59	2,270	1,220	53.7%	\$26,576	\$ 103	\$3,384	\$30,064
1957-58	2,214	1,175	52.9%	\$24,515	\$ 175	\$2,476	\$27,166
1956-57	2,086	1,031	49.0%	\$21,859	\$ 52	\$2,069	\$23,980
1955-56	2,046	886	43.0%	\$19,995	\$ 325	\$2,605	\$22,925
1954-55	2,123	711	33.0%	\$16,562	....	\$4,901	\$21,463
1953-54	2,061	598	29.0%	\$15,274	....	....	\$15,274
1952-53	2,007	426	21.0%	\$11,798	....	....	\$11,798
1951-52	1,950	402	21.0%	\$ 9,876	....	....	\$ 9,876

Leading Classes

Class	Agent	Amount	Class	Agent	Per Cent of Participation
1929	Paul McAlenney	\$2,703			
1953	Vincent Lynn Gott	\$2,395	1920	David Waskowitz	83%
1956	John H. Gardner III	\$2,380	1929	Paul F. McAlenney	77%
1946	Julian A. Sachs	\$2,275	1967	James M. Dowaliby II	77%
1945	Richard W. Breck	\$2,045	1944	Nicholas P.R. Spinelli	76%
1936	Hannibal Hamlin	\$2,037	1921	Barnett Greenhouse	75%

Leading Regions

Region	Chairman	Per Cent of Participation
Michigan	Edward A. Krull '52	94%
Upper New York State 1938-1946	Ernest L. Sarason '39	92%
Lower New York State 1950-1956	William V. Lewit '56	90%
New Haven 1960-1962	Frederick P. Anderson '62	88%
Boston 1945-1959	Jerome O. Klein '56	88%
New York City 1953-1957	Seth Abramson '53	88%

Region	Chairman	No. in Region	Amount
Southern California	Paul L. Saffo '33	117	\$3,184
Northern California	Henry B. Bruyn, '43	163	\$3,077
Philadelphia	Elihu Friedmann '42	49	\$2,288
New York City 1927-1933	Henry I. Fineberg '27	24	\$1,955
N.&S. Carolina, Georgia	Mark McD. Lindsey '45	58	\$1,695
Illinois & Indiana	Frederick J. Fiederlein '54	46	\$1,520

Region	Chairman	Increase in Participation		
		1969-1970	1968-1969	
New Haven 1960-1962	Frederick P. Anderson '62	88%	+ 23 pts.	65%
Boston 1960-1964	Charles W. Carl '63	78%	+ 11 pts.	67%
New York City 1953-1957	Seth Abramson '53	88%	+ 11 pts.	77%
Boston 1945-1959	Jerome O. Klein '56	88%	+ 9 Pts.	79%
Delaware	William Vandervort '53	75%	+ 8 pts.	67%
New York City 1961-1963	Frank R. Hartman '62	73%	+ 8 pts.	65%

Class Report 1969-70

Class	Agent	No. in Class	Contrib. Direct to Yale	Contributors Only thru AMA	Total	Total Amount To Yale	Per Cent of Participation	
							69-70	68-69
1891-1904	By Chairman	1	1		1	\$325	100%	100%
1905-06	Charles C. Murphy	6	3		3	235	50%	43%
1907-08	Anthony J. Mendillo	9	4		4	350	44%	36%
1909-10	F. Elmer Johnson	7	2		2	105	29%	40%
1911-14	Maxwell Lear	23	8		8	170	35%	38%
1915-19	Clyde L. Deming (dec'd)	16	9		9	215	56%	56%
1920	David Waskowitz	6	5		5	338	83%	38%
1921	Barnett Greenhouse	8	6		6	105	75%	56%
1922	Edward T. Wakeman	15	8		8	330	53%	53%
1923	George H. Gildersleeve	17	9		9	575	53%	50%
1924	Edward Pratt Allen	23	13		13	690	57%	71%
1925	Alice A.S. Whittier	31	20		20	692	65%	62%
1926	Maxwell Bogin	30	16	1	17	460	57%	56%
1927	M. Dawson Tyson	32	20		20	1347	63%	63%
1928	Thomas J. Danaher	38	18		18	1854	47%	46%
1929	Paul F. McAlenney	39	29	1	30	2703	77%	74%
1930	J. Edward Flynn	37	20		20	693	54%	59%
1931	Michael D'Amico	37	23	1	24	1190	65%	60%
1932	Hester B. Curtis	37	20	2	22	1069	59%	66%
1933	Lee E. Farr	33	22		22	1255	67%	69%
1934	Frederick Beck	31	18	1	19	745	61%	58%
1935	James Q. Haralambie	38	23		23	1492	61%	65%
1936	Hannibal Hamlin	43	22	1	23	2037	54%	63%

Class	Agent	No. in Class	Contrib. Direct to Yale	Contributors		Total Amount To Yale	Per Cent of Participa- tion	
				Only thru AMA	Total		69-70	68-69
1937	Lorande M. Woodruff	44	16	4	20	538	45%	49%
1938	Nelson K. Ordway	31	16		16	1050	52%	71%
1939	Robert G. Ernst	46	22		22	1080	48%	61%
1940	James J. Smith	41	24		24	840	59%	66%
1941	Horace T. Gardner	47	26		26	1345	55%	62%
1942	Donald D. Dieter	43	29		29	1749	67%	74%
1943 Mar.	Gerald Fountain	38	22		22	745	58%	70%
1943 Dec.	S. Brownlee Brinkley	48	31	3	34	1355	71%	55%
1944	Nicholas P.R. Spinelli	49	37		37	1900	76%	79%
1945	Richard W. Breck	57	41	1	42	2045	74%	71%
1946	Julian A. Sachs	54	37		37	2275	69%	70%
1947	Ellis J. Van Slyck	59	42	1	43	1465	73%	82%
1948	David E. Morton	54	28		28	1120	52%	70%
1949	Paul Goldstein	52	33		33	1274	63%	69%
1950	Archie J. Golden	44	31		31	1540	70%	75%
1951	Goffredo S. Accetta	61	28	3	31	1375	51%	70%
1952	Harvey L. Young	59	36		36	1905	61%	70%
1953	Vincent Lynn Gott	62	45	1	46	2395	74%	75%
1954	John K. Rose	58	43		43	1316	74%	83%
1955	Robert A. Kramer	77	52	2	54	1660	70%	74%
1956	John H. Gardner, III	74	52		52	2380	70%	73%
1957	Howard Alyn Minners	81	56		56	1857	69%	80%
1958	Charles A. Hall, Jr.	72	47		47	1575	65%	75%
1959	Lincoln T. Potter	77	53	1	54	1377	70%	77%
1960	Thomas P. Kugelman	71	41		41	945	58%	63%
1961	Jon D. Dorman	72	45	1	46	1047	64%	62%
1962	Richard N. Collins	81	51		51	1018	63%	56%
1963	Craig H. Llewellyn	79	45		45	726	57%	64%
1964	David Porter Johnson	74	54		54	673	73%	73%
1965	David G. Campbell	79	55		55	588	70%	70%
1966	Richard J. Howard	74	48	1	49	438	66%	59%
1967	James M. Dowaliby, II	73	56		56	628	77%	72%
1968	Frank E. Lucente	81	48		48	440	59%	52%
1969	Lee Merrill Jampol	82	35		35	325	43%	—
Public Health	Franklin M. Foote [807]	(162)	162	—	162	2181	20%	21%
	Totals	2,813	1,802	25	1,827	\$63,958	65%	68.5%
	Miscellaneous			17	17	425		
	Parents		57		57	12,181		
	Grand Totals		1,859	42	1,901	\$76,564		

Regional Report

69-70	68-69	Region	Chairman	No. in Region	Per Cent of Participation	
					No. of Contri- butors Amount	(including AMA-ERF)
94%	89%	Michigan	Edward A. Krull '52	36	34	\$1132
92%	NA	Upper New York State 1938-1946	Ernest L. Sarason '39	25	23	1010
91%	100%	New Haven 1930-1939	Paul H. Lavietes '30	22	20	540
90%	84%	Lower New York State 1950-1956	William V. Lewit '56	31	28	1280
88%	65%	New Haven 1960-1962	Frederick P. Anderson '62	16	14	341
88%	79%	Boston 1945-1959	Jerome O. Klein '56	25	22	1040
88%	77%	New York City 1953-1957	Seth Abramson '53	17	15	445
86%	80%	Hartford 1928-1936	Daniel F. Harvey '33	14	12	1155
85%	90%	New Haven 1940-1949	Charles B. Cheney '41	34	29	1135
85%	87%	Illinois-Indiana	Frederick J. Fiedlerlein '54	46	39	1520
83%	90%	New York City 1964-1965	Frank J. Grady '65	6	5	45
83%	NA	Tennessee	Jackson Harris '49	18	15	553
81%	75%	Lower New York State 1957-1969	Salvatore Falbo '57	21	17	385
80%	77%	Pittsburgh	*John F. Beauregard '39	20	16	555
78%	67%	Boston 1960-1964	Charles W. Carl '63	27	21	367
77%	78%	New Haven 1920-1929	Clement F. Batelli '28	22	17	530
77%	77%	Lower New York State 1933-1949	Leo Kellerman '42	22	17	1144
76%	70%	New Haven 1950-1955	Andrew S. Wong '51	25	19	546
75%	100%	New Haven 1903-1919	Charles W. Gaylord '15	8	6	405
75%	67%	Delaware	William Vandervort '53	12	9	485

				Per Cent of Participation		
		Region	Chairman	No. in Region	No. of Contri- butors	Amount
						(including AMA-ERF)
74%	75%	New Haven 1963-1964	William Matchett '64	23	17	235
73%	78%	Washington [D.C.] 1924-1957	Gilbert M. Eisner '56	26	19	672
73%	73%	Washington [D.C.] 1958-1962	Raymond W. Turner '58	22	16	335
73%	65%	New York City 1961-1963	Frank R. Hartman '62	15	11	230
73%	79%	Philadelphia	Elihu Friedmann '42	49	36	2288
70%	78%	New Haven 1956-1959	Robert H. Glass '57	30	21	600
70%	67%	New Hampshire-Vermont	Edmund L. Piper '49	40	28	765
70%	77%	New Jersey 1942-1957	Sanford G. Bluestein '46	23	16	660
70%	83%	Texas	James J. Nora '54	30	21	795
69%	83%	New Haven 1965-1966	Margretta Ann Reed Seashore '65	16	11	73
69%	78%	New Mexico, Nevada, & Utah	Norma F. Moon '56	29	20	745
68%	64%	Lower New York State 1906-1932	Ferdinand G. Kojis '28	28	19	1406
68%	70%	Boston 1919-1944	Marvin F. White '39	25	17	685
68%	68%	Virginia-West Virginia	Joseph F. Kell, Jr. '43	41	28	864
67%	NA	Upper New York State 1921-1937	Frank L. Marting '27	15	10	510
67%	63%	Ohio	Robert E. Youngen '57	48	32	1055
66%	67%	Miami, Florida	Thomas O. Gentsch '53	56	37	1371
65%	75%	Eastern Connecticut	Pasquale Costa '55	46	30	1015
65%	65%	Fairfield	John B. Ogilvie '34	34	22	1475
65%	65%	Hartford 1943-1952	Carol Goldenthal '44	23	15	400
65%	90%	Hartford 1953-1969	William B. Lehmann '63	26	17	470
65%	NA	Maryland	Gerald B. Odell '51 and Rex Conn '53	63	41	922
65%	62%	Northeast Mass. & Boston suburbs	Morgan Sargent '37	34	22	507
64%	69%	North & South Carolina & Georgia	Mark McD. Lindsey '45	58	37	1695
64%	68%	Minnesota	Jonathan S. Bishop '49	39	25	1170
64%	76%	New York City 1944-1952	Edith M. Jurka '44	22	14	590
63%	70%	New Haven 1967-1968	Brian F. Rigney '67	24	15	124
63%	72%	New York City 1927-1933	Henry I. Fineberg '27	24	15	1955
62%	77%	Washington [D.C.] 1963-1966	Haskins K. Kashima '58	21	13	155
62%	100%	New Jersey 1958-1969	Joseph J. Cillo '58	29	18	525
61%	72%	Northern California	Henry B. Bruyn '43	163	99	3077
61%	78%	Southern California	Paul L. Saffo '33	117	71	3184
61%	80%	Kansas-Oklahoma	Robert F. Hustead '54	18	11	430
61%	65%	New York City 1934-1943	John Prutting '38	18	11	770
60%	NA	New Haven 1969	Thomas C. Howard '69	15	9	47
60%	62%	Boston 1965-1969	James J. Dineen '67	30	18	131
60%	55%	Montana, Nebraska, Idaho, N. & S. Dakota, Wyoming	D. Franklin Johnson '55	10	6	605
59%	73%	Alabama, Arkansas, Kentucky, Louisiana, Mississippi	John R. Cole '54	29	17	615
59%	74%	Bridgeport-Norwalk	Max Alpert '28	22	13	695
59%	83%	Washington State	John H. Hodge '55	41	24	1036
58%	65%	Northwest Connecticut	Henry Blansfield '47	45	26	640
58%	77%	Iowa-Wisconsin	Philip Couchman '49	26	15	495
56%	62%	Rhode Island	Richard R. Dyer '45	27	15	799
55%	61%	Western Massachusetts	Frederick A. Post '36	38	21	1040
54%	NA	Hawaii	Theodore K.L. Tseu '56	13	7	290
53%	53%	Southern Mass. & Cape Cod	Wallace M. Kemp '50	19	10	425
50%	50%	Hartford 1906-1927	Charles I. Solomon '25	14	7	265
50%	67%	Hartford 1937-1942	Ronald W. Cooke '44	22	11	620
50%	52%	New Jersey 1900-1941	Herbert W. Diefendorf '41	26	13	455
50%	58%	New York City 1958-1960	Theodore W. Lieberman '58	16	8	530
46%	63%	Arizona	John F. Carroll '54	24	11	543
44%	82%	New York City 1903-1926	D. Anthony D'Esopo '24	16	7	365
43%	NA	Washington [D.C.] 1967-1969	Bruce S. Schoenberg '68	14	6	80
41%	41%	Maine	Francis A. Spellman '43	29	12	635
41%	NA	Upper New York State 1963-1969	John S. Melish '66	22	9	88
38%	46%	Colorado	Berkeley L. Rich '63	24	9	112
36%	64%	Oregon	William R. Sweetman '43	11	4	75
35%	72%	New York City 1966-1969	Richard S. Bockman '67	17	6	81
31%	NA	Missouri	William T. Newton '50	26	8	722
31%	NA	Upper New York State 1947-1962	Richard B. Foster '55	26	8	345
67%	72%	Vice Chairman for Regions	Richard W. Breck '45	2259	1513	\$58,100

* Deceased

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96 persons contributed \$2,099.49 to the Yale Medical School via AMA — ERF. 17 of the 96 contributors were non-alumni. The remaining 79 contributors were alumni, most of whom also contributed directly to Yale through the Medical School Alumni Fund. These gifts are incorporated in our statistics for 69-70.

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A suggested form of bequest to the Yale Medical School Alumni Fund Endowment is as follows:

"I bequeath to Yale University, New Haven, Connecticut, dollars, to be added to the Yale Medical School Alumni Fund Endowment, the income therefrom, including so much of the appreciation in value as the Yale Alumni Fund may approve, to be credited annually in my name as a part of the annual contribution to the Yale Medical School Alumni Fund by the Class of M."

The Medical School welcomes your inquiry concerning your bequest plans for Yale.

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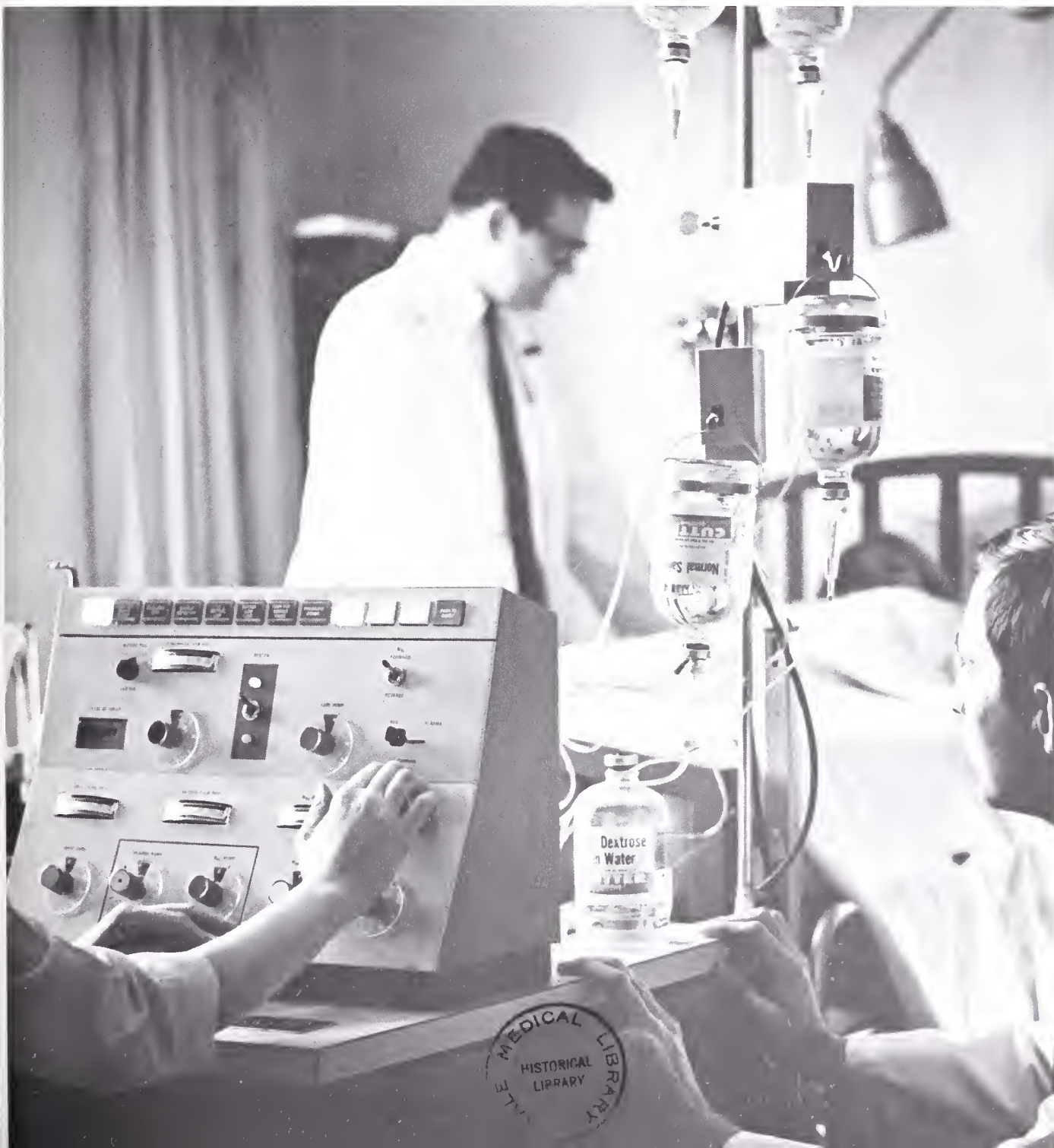
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ALUMNI BULLETIN OF THE SCHOOL OF MEDICINE / WINTER-SPRING '71



YALE MEDICINE

ALUMNI BULLETIN OF THE SCHOOL OF MEDICINE/WINTER-SPRING 1971/VOL. 6 NO. 1

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YALE MEDICINE is distributed to members of the Association of Yale Alumni in Medicine, students, and others interested in the School of Medicine. Communications may be addressed to The Editor, Room L200, 333 Cedar Street, New Haven, Connecticut 06510.

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Cover A centrifuge cell separator permits the extraction of granulocytes from a donor's blood for a patient with acute leukemia suffering from granulocytopenia and infection. The procedure is used in a Yale cancer research program described in the story beginning on the opposite page.

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Cancer Chemotherapy at Yale

A young mother who was admitted to Yale-New Haven Hospital 20 months ago with advanced Hodgkin's disease is living a normal life today following therapy with a combination of drugs. She is one of several patients who have shown dramatic responses to drugs administered in combinations, a method of treatment that has markedly improved the control of late-stage Hodgkin's disease. The prognosis for patients with other forms of malignant disease, such as acute leukemia and reticulum cell sarcoma, has also changed remarkably as a result of therapy with chemical compounds administered in certain combinations.

The understanding of combination drug therapy, through which the cumulative toxic effect of treatment with a single drug can be minimized, is growing daily at Yale. It is one of several broad areas of therapy being developed in a program of medical oncology that is unique because of its strong foundation in pharmacology.

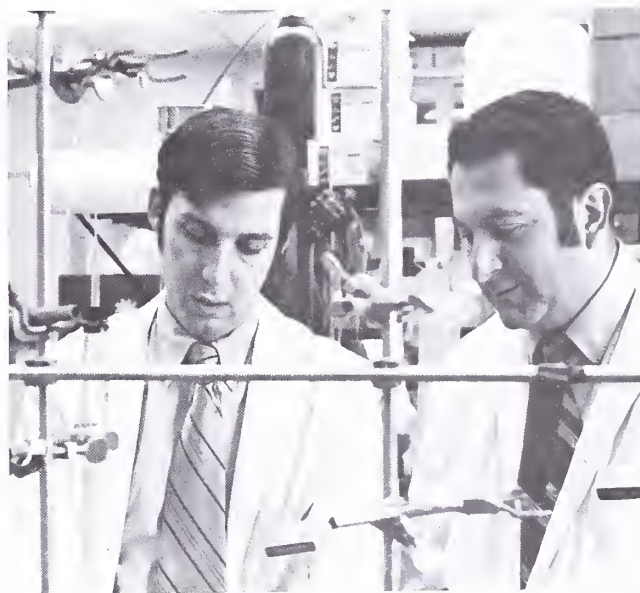
The program, a joint endeavor of the departments of Internal Medicine and Pharmacology, is the outgrowth of efforts begun ten years ago when it became apparent to Dr. Arnold Welch and Dr. Paul Beeson, then chairman of Pharmacology and chairman of Medicine respectively, that drug therapy of malignant disease was an important development that would demand special skills of physicians, and that these skills would in turn require specialized training. To meet this need they established the Section of Clinical Pharmacology and Chemotherapy, which was subsequently divided into two sections: Clinical Pharmacology, concerned with drug therapy in a variety of diseases, including many that are nonmalignant; and Oncology and Chemotherapy, dealing particularly with cancer.

During the past five years, under the leadership of Dr. Joseph R. Bertino, professor of medicine and pharmacology, the Section of Oncology and Chemotherapy has grown to number six faculty members who contribute to the teaching, research, and patient care programs of the Yale-New Haven Medical Center.

One of the major teaching functions of the section is the training of postdoctoral fellows. This training program has served as a valuable source of specialists entering the newly emerging field of cancer chemotherapy at other medical centers around the country. Applicants accepted for the limited number of postdoctoral fellowship positions, supported by the National Cancer Institute, enter a two- to three-year program, which enables them to receive training in medical oncology and chemotherapy, as well as to spend a substantial portion of their traineeship in a research laboratory. The laboratory experience may be undertaken with one of the faculty members of the Section of Oncology and Chemotherapy, all of whom have joint appointments in internal medicine and pharmacology, or with one of several

outstanding scientists in the Department of Pharmacology who are engaged in basic research related to chemotherapy. Trainees also spend some time in the Section of Radiotherapy to acquaint themselves with the capabilities of this method of cancer treatment, and in the sections of Hematology and Pediatric Hematology and Oncology. In addition, faculty members in other departments and sections of the school provide specific training for those interested in still other aspects of cancer.

The main goal of the section's research commitment is to improve the therapy of patients with disseminated or recurrent malignant disease. Working with newly developed drugs as well as with established compounds which they are using in new ways, members of the section have carried studies all the way from evaluation in laboratory animals to therapy of patients with malignant disease. The section also provides primary care for patients with cancer, and a consultation service for physicians.



Dr. Joseph Bertino (right), who directs the Section of Oncology and Chemotherapy, works with Dr. Bruce Chabner, a research fellow, in studies of a new enzyme, Carboxypeptidase G₁, that causes depletion of body folic acid compounds necessary for the growth of cells.

Research Recognized

The research efforts of the Section of Oncology and Chemotherapy have been widely recognized at the national level, and in 1969 Dr. Bertino received the Experimental Therapeutics Award of the Pharmacology Society for work he and his colleagues have done with methotrexate, one of the most effective cancer chemotherapeutic agents. This and other research of the section is funded by a project

grant from the National Cancer Institute that supports not only the costs of those patients taking part in research studies on Hunter 5, as the fifth floor of Yale-New Haven Hospital's Hunter building is called, but also the salaries and laboratory expenses of several members of the section.

About half of the patients who are cared for by the section participate in research programs that range from evaluation of new agents developed at the Yale School of Medicine or elsewhere to the study of more standard agents used in combination or administered according to new dosage schedules to take advantage of the pharmacologic or kinetic differences between normal cells and tumor cells. For example, research in the section has resulted in improved ways of administering methotrexate for the treatment of patients with head and neck cancer. Applications of combination drug therapy, in addition to the highly encouraging results obtained in patients with Hodgkin's disease and with reticulum cell sarcoma, include a promising potential for treatment of solid tumors. Thus as a result of this method of treatment the outlook for patients with breast and testicular cancer is also improving.

Several of the important new drugs developed by members of the pharmacology faculty at Yale have been studied in humans by the Section of Oncology and Chemotherapy. Azauridine, an antimetabolite that is effective for the treatment of mycosis fungoides, a skin cancer, as well as of psoriasis, a nonmalignant disease, was first synthesized at Yale by Dr. Robert Handschumacher, American Cancer Society professor of pharmacology. Iododeoxyuridine, which is used to treat viral infections in man, particularly herpes keratitis and herpes encephalitis, was also synthesized in Yale's Department of Pharmacology by Professor William Prusoff. Much of the initial work with the enzyme L-asparaginase, effective in acute lymphatic leukemia, was performed during the past several years by Dr. Handschumacher and his colleagues in close collaboration with Dr. Robert Capizzi, a postdoctoral fellow in the Section of Oncology and Chemotherapy.

Potentially useful agents that are presently under study include a new antimetabolite, 5-HP (5-hydroxy-2-formylpyridine thiosemicarbazone), being evaluated through the joint efforts of Dr. Alan Sartorelli, who elucidated its mechanism of action, and Drs. William Creasey and Ronald DeConti of the Section of Oncology and Chemotherapy. This drug is now undergoing initial trials in patients with leukemia to determine toxicity, the optimum method of administration, and therapeutic benefit.

The new enzyme CPG₁ (Carboxypeptidase G₁), which has been pioneered in the Department of Pharmacology by Dr. Jerry McCullough, Dr. Bruce Chabner, and Dr. Bertino, is another encouraging development in drug therapy. This

enzyme, which causes depletion of body folic acid compounds necessary for the growth of cells, is now being tested in patients to determine its usefulness as a potential chemotherapeutic agent.

The overall supervision of patient care in cancer chemotherapy research studies is the responsibility of Dr. DeConti, who is himself involved in many of the studies to determine the effectiveness of new chemotherapeutic agents. Dr. Rose J. Papac of the Veterans Administration Hospital in West Haven works closely with the Section of Oncology and Chemotherapy on research programs in which patients at that hospital are participating.

In all initial trials of drugs in humans it is important to determine the mechanism of action and the pharmacology of the drug when it is administered to patients. Dr. Creasey, who is a biochemical pharmacologist, provides the expertise for this area of drug research.

Before a drug is tested in man, however, several years of work are necessary to establish its potential: the drug must be evaluated against animal tumors, and detailed toxicity studies in several species are required in order to predict possible untoward side effects in humans. In this phase of research, the Section of Oncology and Chemotherapy collaborates closely with Dr. Edward Gralla, a toxologist in Yale's Section of Laboratory Animal Sciences. Dr. Gralla also participates, with Oncology and Chemotherapy, in a

Dr. William Creasey, a biochemical pharmacologist who studies the mechanism of action of new drugs before they are used in trials with humans, is also working on the development of new anticancer drugs, one of which he has extracted from ferns.



joint program in which dogs from all over the country that have developed spontaneous lymphosarcoma are referred to Yale for treatment with new and promising anticancer agents.

Immunotherapy Approach

A new direction for cancer therapy is the use of immune processes to slow or stop the growth of malignant cells. Dr. Malcolm Mitchell of the Section of Oncology and Chemotherapy believes that such "immunotherapy" may provide an alternative or adjunctive approach to cancer therapy. Closely related to this approach is a bone marrow transplantation program that has been initiated at Yale under Dr. Mitchell's supervision. It has already been demonstrated by others that bone marrow can be obtained from a normal donor with essentially no risk or discomfort to the donor, and that it can be used to repopulate the marrow of leukemic patients who have been treated with otherwise lethal doses of either x-ray or drugs in an attempt to eradicate the neoplastic cells.

Among the many problems yet to be solved in bone marrow transplantation are recurrence of the leukemia and a potentially fatal graft-versus-host reaction. Further advances in bone marrow transplantation for the treatment of acute leukemia should result when better methods are de-

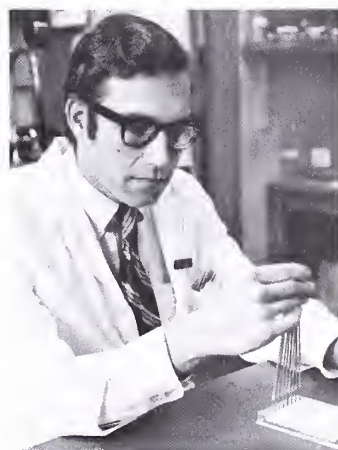
veloped to eradicate all the leukemia cells before transplantation is undertaken. Chemotherapy together with improved typing procedures for tissue antigens have led to marked improvement in overcoming the graft-versus-host phenomenon.

Because many of the agents used in the treatment of patients with malignant disease have anti-inflammatory and immunosuppressive properties—and as more experience with the potential hazards of treatment has accrued—these drugs have received increasing attention for the treatment of several nonmalignant conditions, particularly psoriasis and the so-called diseases of autoimmunity. Several collaborative studies have been initiated in these areas by Dr. Mitchell and Dr. Bertino with other members of the Department of Internal Medicine.

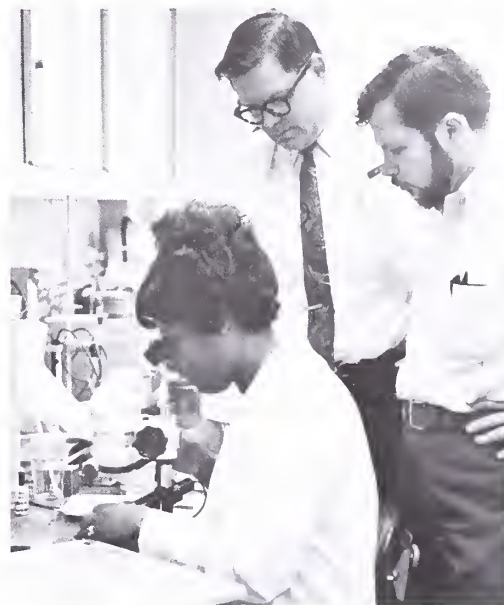
Cancer patients require special supportive care, particularly patients with acute leukemia who are subject to bleeding because of loss of platelets and to infection because they lack normal granulocytes. A program to provide improved supportive care is conducted by the Section of Oncology and Chemotherapy and staffed by Dr. John Marsh, Dr. Martin Levitt, and a U.S. Public Health Service special research fellow in the section, Dr. Roland Skeel.

Through the cooperation of the American Red Cross and of Dr. Joseph Bove, professor of laboratory medicine and pathology and director of the blood bank of Yale-New

Left: Ways of using the body's immune processes to retard the growth of malignant cells is the subject of several studies being pursued by Dr. Malcolm Mitchell.



Right: A research program that uses a bone marrow culture system to determine factors that regulate the production of leukocytes is being conducted by Dr. John Marsh (center) and Dr. Martin Levitt with the assistance of Delphine Jackson, a laboratory technician.



Haven Hospital, platelet transfusion for patients with thrombocytopenia is now an established procedure at the hospital. With the use of an IBM cell separator, a sophisticated new research machine, it is hoped that granulocyte transfusions for patients suffering from granulocytopenia will also become a reality in the near future.

Dr. Marsh and Dr. Levitt are also studying the control of white cell production. In a laboratory program using a bone marrow culture system to determine the factors that regulate the production of leukocytes, they have found a factor in the serum of leukopenic patients that stimulates the release of mature granulocytes into the blood.

The hub of all the section's activity in chemotherapy is Hunter 5, which serves as a center for hospitalized research patients including those involved in the studies of the sections of Oncology and Chemotherapy and Clinical Pharmacology. Nurses on Hunter 5, under the direction of Shirley S. Blood, are highly skilled in caring for patients with neoplastic diseases. They not only carry on sophisticated procedures under the direction of physicians, but also provide the supportive care necessary for optimal patient response

to therapy. The research procedures in which hospitalized patients and outpatients of the Section of Oncology and Chemotherapy participate are also aided by two special procedures nurses, Susan Hubbard and Alyson Bochow.

Undergraduate medical students may, during their fourth-year clinical rotation, work as subinterns on Hunter 5. Since patients with malignant disease develop complications that involve almost every organ system, this experience serves to acquaint the students not only with the special problems of cancer patients but also with virtually all aspects of internal medicine.

In its several programs, the Section of Oncology and Chemotherapy represents an integrated and concerted approach to the multifaceted problem of cancer therapy. Dr. Bertino is optimistic about the future of chemotherapy. At the same time he is, in particular, excited by the use of combined modes of treatment—surgery, radiation, and drugs—and the potential of these combined therapies for the cancer patient. "This is an extremely difficult field," he says, "and sometimes a depressing one. But it is also the most challenging field in medicine today."



A new-patient conference attended by physicians, nurses, and subinterns, is held weekly on Hunter 5 where patients participating in cancer chemotherapy studies are hospitalized. Dr. Ronald DeConti (standing) discusses x-rays of a patient with malignant disease.

The Flying Scot



*Faculty Profile: Joseph Murdoch Ritchie, Ph.D., D.Sc.,
Professor of Pharmacology*

When the chairman of the Department of Pharmacology moves around the medical school, he doesn't exactly walk—he streaks. One gets the impression of a bright-colored shirt flashing through a doorway; a wiry figure, squash racquet in hand, plunging down a staircase; a small open car propelled by a mane of sandy hair, tartan muffler flying in the wind. “There goes Ritchie,” says a colleague. “What incredible energy!”

Murdoch Ritchie's energy has had considerable impact on pharmacological research and teaching at Yale since he assumed his present post three years ago. An enthusiastic lecturer, he had deliberately chosen the university life over a promising research institute career so as to combine his research interests with the pleasures of teaching and the intellectual stimulation of an academic community. The department he heads is the hub from which several broad research efforts radiate: a program in biochemical pharmacology concentrating primarily on cancer chemotherapy; a clinical pharmacology program, which Ritchie describes as one of the strongest in the country (and which is further described in the lead article in this issue of *Yale Medicine*); and a neuropharmacology component that includes the chairman's own studies on the pharmacology and physiology of mammalian non-myelinated nerve fibers.

A consummate research scientist, Dr. Ritchie is a prodigious and self-disciplined investigator. He works without a technician, preferring to do all his own laboratory chores, from assembling equipment and preparing solutions to arriving at the critical judgments that will make or break a particular experiment. His ability to do several things at once is noted by an associate who comments, “He's the only person I know who can take readings in his laboratory every three minutes while running back and forth to his office to take telephone calls and sign letters.”

On the other hand, Ritchie has extraordinary powers of concentration. An incident that took place early in his career illustrates his ability to screen out distractions. The line of research he was pursuing involved measuring the temperature of a pregnant python at the London Zoo. With the zoo-keeper's permission, he had set up the project in the cage of the 22-foot python on a Sunday morning when the zoo was, he thought, closed to the public. The experiment required inserting a thermocouple mounted on a hypodermic needle into the coiled up snake and the reference couple into something that maintained a constant temperature. He had intended to place the reference couple in ice water, but having forgotten the ice bucket he had to use the nearest object of which he knew the temperature—himself.

Holding the reference couple in his mouth, he had been carefully recording temperature readings for several minutes when he looked up to see a crowd of visitors gathered outside the cage, watching him in silent amazement.

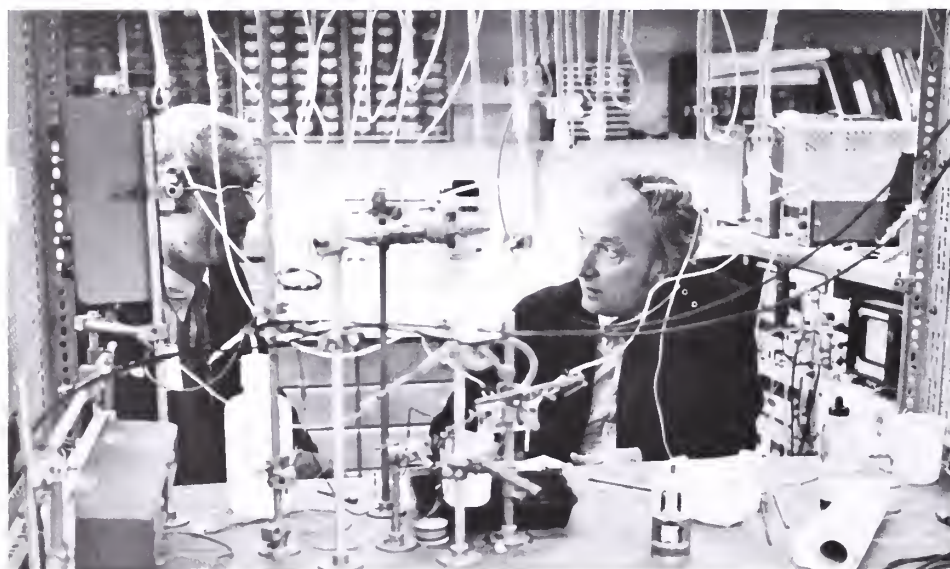
Joseph Murdoch Ritchie (family and friends call him by his middle name, which is pronounced with a distinct burr) was born in Aberdeen in the north of Scotland on June 10, 1925. His scholarly interests developed early and were encouraged by his parents. He points out that education is highly valued in Scotland, much more so, until very recently, than in England. "When I was a boy ten times as many people in Scotland went on to university per thousand of population as did in England. Scotland was much nearer to America in that respect. For centuries there were only two universities in England, Oxford and Cambridge, whereas dating from almost the same time there were four in Scotland catering to a much smaller population. The one I went to, Aberdeen, was the last to be founded, in 1494, a couple of years after Columbus discovered America."

His aim, as a boy, was to study medicine. However, under the British system, where a student goes directly from high school to medical school, he felt he would become professionalized sooner than he wished. He decided to take a bachelor's degree in mathematics first, and thereby—through a series of timing problems—became a lifelong frustrated medical student. The first impediment came in 1944 when he graduated at the age of 19 and was immediately called up for wartime government service as a research physicist in radar assigned to the Telecommunications Research Establishment in Malvern, England. When the war ended, and he was in a position to go back to school, he was told that under the "last in, last out" policy designed

to ease the crush of returning students, he would have to wait to start medical school.

He was eligible to become a research student, however, and this he did, working under Professor A. V. Hill in the Biophysics Research Unit at University College London. Simultaneously, he took another bachelor's degree, this time in physiology. "I still hoped to be able, when I had waited long enough, to go back and study medicine. I was quite clear at an early stage that my future would be in the preclinical area of medicine, but I wanted to take the medical degree because it would have meant I had gone through the same sort of training as the medical students I taught were about to go through. I would know a bit more about the problems they were facing. I didn't really give up the idea of getting a medical degree until after I had been in the States for several years." Ritchie's first appointment in this country was at Albert Einstein College of Medicine, and he had discussed with his chairman there the possibility of taking the medical course over an extended period while holding a faculty position. But after a few years he realized he would be giving up too much research time in order to do it. And in any case, it came to seem less necessary to him because over the years, through his associations in medical schools, he was able to get a good idea of the problems medical students are up against—enough at least, he says, for him to function properly.

Working as a research student with A. V. Hill was probably the most important single influence in his professional career. Professor Hill, who had won a Nobel Prize for his work on the thermodynamics of muscular activity, had previously had only senior people working in his research unit, usually eminent colleagues from abroad. In 1946 Ritchie



In his current laboratory research, Dr. Ritchie is collaborating with Dr. David Colquhoun, visiting assistant professor of pharmacology.

was one of three young men with backgrounds in mathematics and physics Hill recruited to apply their skills in the field of biology. The second member of this trio is now a Royal Society professor in Plymouth, England, and the third is chairman of the Department of Biology in the University of Southern California.

Today Dr. Ritchie's admiration for his former teacher and his adherence to the impeccable standards set by Hill, who made extraordinary demands on his students, are best expressed in the question he asks himself whenever his work presents a particularly difficult problem: How would A. V. cope with this?

After three years working under Professor Hill at University College, Ritchie was appointed an assistant professor of physiology there, and the British Institute of Physics elected him an associate, the equivalent of awarding him a post-graduate degree in physics. In 1951 he resigned his academic post to join the scientific staff of the National Institute for Medical Research at Mill Hill, London.

It was during his first year at Mill Hill that he and a former fellow student at the University of London, Brenda Bigland of Jordans, Buckinghamshire, were married. They had met while both were working for their bachelor's degrees in physiology, and later they had collaborated on research in the physiology of exercise. For one of their studies, which compared the amounts of oxygen consumed in positive versus negative exercise, they designed an unusual system using two stationary bicycles set up back to back with a rotating belt connecting the rear wheels. A pair of cyclists—generally the two experimenters or some of their friends—exercised against each other, one pedaling forward (positive exercise), the other being pulled through the motions of backpedaling (negative exercise). While they were in the process of mechanizing part of the system, Ritchie left University College to go to Mill Hill, and had the dubious distinction, he says, of being replaced in further studies by a 2½ horsepower motor.

At the National Institute for Medical Research, Ritchie's interest in how muscle works led him to study the mechanism of nerve conduction and eventually the molecular basis of the action potential and how it is affected by drugs. One of the people there with whom he worked closely was William W. Douglas, who is now a professor of pharmacology at Yale and who, through a series of moves suggestive of musical chairs, played a significant part in the Ritchies' coming to the United States.

"I was working with Bill Douglas," Dr. Ritchie recounts, "when he was invited to come over to Columbia for a year by the chairman of pharmacology there. At Columbia Douglas met Alfred Gilman, who said that if he ever got his own department, he would like Douglas to join it." The

next year Dr. Gilman was named chairman of Pharmacology at Albert Einstein College of Medicine, and he asked Douglas "to come over as his number two. Bill suggested that I come to Einstein for a sabbatical year, which I did." Dr. Ritchie held a visiting assistant professorship at Einstein in 1956-57, and when Dr. Gilman asked him to join the department as an associate professor of pharmacology, he accepted.

Moving from England to the United States with their two young children was a relatively easy adjustment for the Ritchies. He had a much greater problem, Dr. Ritchie says, the first time he emigrated the stone's throw from Scotland to England.

In 1960, when he had been at Einstein for two years, London University reviewed his published work, which constituted an impressive record, and awarded him the distinguished senior doctoral degree, the D.Sc. Dr. Ritchie was already the holder of a Ph.D. degree, but largely because of differences in the British and American academic system, which at that time made it less important in Britain to have the degree than in America, he tells with amusement and some embarrassment the circumstances of his getting it. "I had done some work on muscle when I was with A. V. Hill that could have led to a Ph.D., but A. V. strongly discouraged me. He felt that concentrating on a Ph.D. canalized a young person's thoughts too early in life. One ought to do the important problems, not just the problems that hadn't been done before, which is often the main criterion for getting the Ph.D. Most of the leaders in my field, including Andrew Huxley, Alan Hodgkin, A. V. Hill, E. D. Adrian—all of whom got Nobel prizes—did not take the Ph.D."

Nevertheless within eighteen months of going to Mill Hill, Ritchie had added the Ph.D. to his two previously earned baccalaureates. "One day," he says, "after I had been at the National Institute for a few months, I happened to run into the director in the elevator. 'By the way,' he said, 'I like my people here to be called doctor.' So I took what I had already published on muscle and redrafted it as a thesis—fortunately, the University of London allowed me to—and submitted it. And it was on that basis that I got to be called doctor."

Continuing his studies on nerve conduction at Einstein, where in 1963 he was promoted to full professor, Dr. Ritchie examined heat production and electrical changes in mammalian nerve fibers and studied the way in which drugs interfere with the movement of sodium and potassium across the nerve membrane. With Dr. Paul Greengard, whom he had known as a postdoctoral fellow at Mill Hill, he undertook an investigation that resulted in an important breakthrough in understanding the mechanism whereby local 'anesthetic blocks conduction. At the same time, under

the tutelage of Dr. Gilman, he was enjoying the role of teacher and earning a reputation as an outstanding one.

Dr. Ritchie had developed close professional associations with the neuropharmacologists at Yale, and he also had friends in Yale physiology with whom he had studied or worked in England or at Einstein. When, in the spring of 1968, President Kingman Brewster asked him to succeed Arnold D. Welch, who had resigned the chairmanship and the Eugene Higgins professorship of pharmacology, Dr. Ritchie had relatively little trouble deciding to accept. For the one thing Einstein lacked was close contact with its parent university, and this for Dr. Ritchie was an important factor. Before his actual move he had had an invitation to go back to Cambridge, but again he had little difficulty in making a decision. "I don't know what goes into such choices," he says, "but I haven't regretted either one."

During his first year as chairman, Dr. Ritchie brought both Dr. Douglas and Dr. Greengard to Yale, thereby dou-

bling the department's strength in neuropharmacology. He had looked forward particularly to working with Nicholas Giarman, who was then on sabbatical leave, and Dr. Giarman's sudden death in October of that year was a severe blow to all in the department, both professionally and personally.

Yale's new medical curriculum went into effect just after Dr. Ritchie arrived on the scene. He recalls, in fact, that as he entered Dean Redlich's office for their first official meeting, a group of faculty members was trooping out—the final meeting of the curriculum revision committee, the dean explained. Ritchie feels that the new curriculum is working well as far as the teaching of pharmacology goes, and he generally favors the proposals now being made to shorten the overall course leading to the M.D. degree. "Either a six-year course combining college and medical school, or a three-year medical course after college would get the students quickly up to the first stage where they can



Dr. and Mrs. Ritchie in their home in Hamden. The dog, an eight-month-old setter named Mary, belongs to their daughter.

then decide which of many different professional specialties they want to pursue: whether in the basic sciences without any further clinical work or, if a student decides to go on with the clinical, which specialty."

One thing about the traditional Yale system that mystifies and disturbs him is the fact that students in the pre-clinical departments do not have to take examinations. "We have no way either of evaluating them or, what's more important, knowing how we're performing as teachers. I'm not suggesting that examinations be used in a punitive sort of way. I'm not in the least interested in knowing where students stand in rank. I'm just interested in knowing how well particular sections of the course are getting across."

Dr. Ritchie's concern for excellence in teaching and his enjoyment of it are shared by his wife. Since last September Brenda Ritchie has been on the full-time faculty at Quinnipiac College where she is an associate professor of biology. She had previously taught at Marymount College in Tarrytown, New York, and at Hunter College in New York City. She teaches biology "when I have to," she says, "and physiology when I'm allowed." Her research, which she started in 1952, also under the guidance of A. V. Hill, led to her being awarded the Ph.D. in 1968 by the University of London. Raising two children explains the delay.

The Ritchies have gone back to Britain nearly every year since they moved to this country, both for family visits and for a period of work by Dr. Ritchie, usually at Cambridge. This spring the family enjoyed a skiing holiday in Switzerland. According to Dr. Ritchie, "We ski in the following order of proficiency: I'm well at the bottom; then comes my wife; there's a slight jump to our daughter Jocelyn, who's quite good now; and then comes our son Alasdair,

who is really very good, I think." Alasdair is seventeen and a junior at Taft, in Watertown, Connecticut. Jocelyn, fifteen, is a sophomore at Westtown, near Philadelphia.

The intellectual activity Dr. Ritchie most enjoys, outside of his scientific interests, is chess, which he plays with a friend in Boston and another in Cambridge, England. He keeps fit with squash and other vigorous forms of exercise. He also likes cold weather, never wears an overcoat, and is reputed not even to own one. An experiment he was working on during this past winter required that a temperature below 12 degrees C. be maintained in the laboratory several hours at a time. Dr. Ritchie's solution was simple, to work with the windows open—and as usual he worked in shirt sleeves. He rarely wears a laboratory coat, except for lectures and committee meetings when, he explains, it is easier than putting on a jacket.

The Ritchies live in a comfortable house perched at the very brink of a precipitous hill in Hamden looking toward East Rock and a now almost perpetually hazy New Haven. There is a feeling of space. "When we saw the location, we were completely taken by the big open terrace with its sunshine and privacy," Brenda Ritchie says, and one senses that, like her husband, she values space to move about in, both physically and mentally.

That Murdoch Ritchie's need for space is only partly expressed in physical activity comes through most clearly in his devotion to chess and in a sort of erector-set structure, housing some of his laboratory equipment, where he spends many hours at a time working on experiments. The cage-like contraption came with him from Einstein, and above the door someone has pasted a neatly embossed sign that reads "Chez Murdoch."

In and About Sterling Hall

The University Council Committee on Medical Affairs

The Yale University Council's Committee on Medical Affairs, which was reorganized last year, comprises an extremely impressive group of individuals who met for two days in October to study academic and organizational issues facing the medical school.

The University Council is composed of alumni appointed by the president with the approval of the Yale Corporation and numbers about 25. Its committees are made up of council members and others prominent in a variety of fields. The committees have helped to assess the goals, resources, and management of Yale's many schools since the University Council was first organized in 1948.

At their October meeting, the members of the Committee on Medical Affairs formed several subcommittees to study selected areas of Yale's medical program: funding, especially the problems of student aid; governance; curriculum and departmental structure; institutional affiliations of the medical school; intrauniversity programmatic and administrative arrangements; and medical school management.

The school is fortunate to have the counsel of so distinguished a group as this committee for the coming five years. The committee chairman is Ethan Allen Hitchcock, Yale College '31, a New York attorney who has served on the boards of several institutions and is presently chairman of the board of Channel 13. The other members are: Dr. Leona Baumgartner ('34), visiting professor of social medicine at Harvard and executive director of the Medical Care and Education Foundation; G. d'Andelot Belin, a Boston attorney who is on the board of the Peter Bent Brigham Hospital; Dr. George Carden ('35), an internist practicing in New York City and president of the Association of Yale Alumni in Medicine; Dr. Robert Cooke ('44), professor and chairman of the Department of Pediatrics at Johns Hopkins; Dr. Oliver Cope, professor of surgery at Harvard; Dr. Robert Glaser, vice-president of the Commonwealth Fund and former dean of the Stanford School of Medicine; Dr. John Knowles, director of the Massachusetts General Hospital; Dr. George Palade,

professor of cell biology and biochemistry at Rockefeller University; and Dr. Louis Welt ('38), professor and chairman of the Department of Medicine at the University of North Carolina.

Dr. Giebisch and Dr. Solnit Named Sterling Professors

Two distinguished members of the medical faculty, Dr. Gerhard H. Giebisch and Dr. Albert J. Solnit, have been appointed Sterling professors in their respective fields. The Sterling chair is one of the highest academic appointments at Yale University.

Dr. Solnit, Sterling professor of pediatrics and psychiatry, joined the faculty in 1949 and has been director of the Yale Child Study Center since 1966. He is noted for his work and writings in the fields of child development and psychoanalysis, as well as in comprehensive pediatrics. A former president of the American Association for Child Psychoanalysis and the Western New England Psychoanalytic Society, he is currently president of the American Psychoanalytic Association and secretary-general of the International Association for Child Psychiatry and Allied Professions.

Dr. Giebisch, Sterling professor of physiology, is noted for his research in kidney metabolism. He came to Yale in 1968 in his present post as chairman of the Department of Physiology. A native of Vienna, he was on the faculty of Cornell Medical College from 1955 to 1968. His research has contributed significantly to knowledge of the factors that influence the transport of electrolytes across renal tubules and the electrical properties of kidney tubules. He has served as editor for kidney and electrolyte metabolism of the *American Journal of Physiology* and the *Journal of Applied Physiology*, and has been a member of the Physiology Study Section of the National Institutes of Health since 1964.

President Brewster Addresses Surgeons

President Kingman Brewster, Jr., addressing the 32nd annual meeting of the Society of University Surgeons at Yale in February, said that the dependence of universities on any single source of financial support poses the possibility of dampening creativity in research and training.

"Universities need to be worthy of public support," Mr. Brewster said, but he added that they also need to make clear to private supporters "the importance of investing in strong, self-determining academic institutions." He said that alumni and other sources of private support, as well as the recently announced option of deferred tuition for Yale students, will remain "very important, especially in the development of new opportunities."

The president emphasized that "universities should not depend on single funding sources," especially as "project support from the government is on the threshold of becoming institutional support." He predicted that medical schools may be the first component of universities to undergo the change from project to institutional support in the coming decade.

Promotions to Professorships

Five members of the medical school faculty were recently promoted to the rank of professor. They are Dr. Thomas P. Detre, professor of psychiatry; Dr. John P. Flynn, professor of anatomy (psychiatry); Dr. Melvin Lewis, professor of clinical pediatrics and psychiatry; Dr. Donald C. Riedel, professor of public health (medical care); and Dr. Daniel S. Rowe, professor of clinical pediatrics and public health.

New Head of Mental Health Center

Dr. Boris Astrachan, associate professor of psychiatry, has been named director of the Connecticut Mental Health Center. He succeeds Dr. Morton Reiser, professor and chairman of the Department of Psychiatry, who formerly held both positions.

Dr. Astrachan joined the faculty in 1963 and has been on the staff of the Mental Health Center, a cooperative undertaking of Yale and the State of Connecticut, since its opening in 1966. His special interest is in groups and in theoretical systems approaches to group and organizational development. He served as director of the center's General Clinical Division until his appointment as acting director of the center last May.

Endowed Lectureships

The first Nicholas J. Giarman Memorial Lecture was delivered on December 4 by Dr. Daniel X. Freedman, pro-

fessor and chairman of psychiatry at the University of Chicago School of Medicine, whose subject was "Hallucinogenic Drugs: Is Information Really Wanted?" Dr. Freedman is a Yale medical alumnus of the class of 1951. The lectureship was established in recognition of the contributions of the late Professor Giarman, a member of the Department of Pharmacology from 1949 until his death in 1968. He was noted for his work on neurotransmitters and the effects of psychotropic drugs on the brain.

Dr. Carl V. Moore, professor of medicine at Washington University School of Medicine, was the Paul B. Beeson visiting professor for 1970. He spoke at the Fitkin Amphitheater on November 17 on the topic "Immune Mechanisms in Hematologic Disorders."

Dr. Wyland R. Leadbetter of the Harvard Medical School spoke in the Fitkin Amphitheater on December 7 as the Clyde L. Deming visiting professor. His subject was "Cancer of the Kidney."

Faculty Notes

Dr. William U. Gardner, Ebenezer K. Hunt professor of anatomy, was inaugurated president of the Union Internationale Contre Le Cancer (UICC) at the 10th International Cancer Congress in Houston, Texas, last spring. Earlier, he was presented with a special issue United Nations stamp commemorating the congress and the world fight against cancer for which Dr. Gardner helped organize and launch the international research effort after World War II. He will serve as UICC president until 1974.

Dr. Joseph R. Bertino, professor of medicine and pharmacology, presented a series of five lectures entitled "Selected Topics in Cancer Chemotherapy" in November at the Harvard Medical School. Dr. Bertino, who is chief of the Section of Oncology and Chemotherapy, spoke under the auspices of Harvard's Department of Radiation Therapy and Joint Center for Radiation Therapy.

Dr. Robert M. Lowman, professor of radiology, is currently serving as president of the New England Roentgen Ray Society.

Dr. Kenneth Keniston, professor of psychology in the Department of Psychiatry, gave the Salmon Lectures for

1970 at the New York Academy of Medicine in December. The lectureship is among the highest honors bestowed by the psychiatric community. Of the four most recent Salmon lecturers, three are members of the Yale Department of Psychiatry, including, in addition to Dr. Keniston, Dr. Theodore Lidz, professor of psychiatry, and Dr. José M. R. Delgado, professor of physiology in the department.

Dr. Wilbur G. Downs, professor of epidemiology, presented the DeLamar Lectures for 1971 at the Johns Hopkins University School of Hygiene and Public Health. His five talks, given during the first two weeks of February, dealt with the epidemiology of arthropod-transmitted virus diseases.

The First Annual Thomas Francis, Jr., Memorial Lecture at the University of Michigan School of Public Health was given by Dr. Dorothy M. Horstmann, who is the John Rodman Paul professor of epidemiology and pediatrics at Yale. On November 23, 1970, Dr. Horstmann spoke on "Rubella: The Challenge of Its Control." This annual lectureship recognizes the numerous scientific accomplishments of Dr. Francis, his effective guidance and forceful support in many professional undertakings, and his personal interest in colleagues at home and abroad. Dr. Francis, who received his M.D. degree from Yale in 1925, retired as chairman

of the Department of Epidemiology at the University of Michigan School of Public Health in July 1969 and died on October 1, 1969. The November 1970 issue of the Archives of Environmental Health contained a series of scientific papers published as a festschrift honoring Dr. Francis.

Dr. Paul H. Laviates, associate clinical professor of medicine and public health, has been appointed medical director of the Community Health Care Center Plan (CHCP) in New Haven. CHCP is a nonprofit corporation, established by an act of the Connecticut General Assembly, which will provide to enrolled individuals and their families comprehensive health care services on a prepaid basis, in affiliation with the Yale-New Haven Medical Center.

Dr. Daniel S. Rowe, professor of clinical pediatrics and public health, has been appointed director of professional services for the Yale Health Plan. The plan, which is scheduled to go into operation when the new University Health Center opens later this year, is a comprehensive prepaid medical care program designed to serve the health needs of students, faculty members and other employees, and their dependents.

Dr. Wilbur D. Johnston, associate clinical professor of oral surgery and public health, was the recipient of the C.-E. A. Winslow Medal for 1970. The

At ceremonies initiating the Thomas Francis Memorial Lectures at the University of Michigan School of Public Health, Dr. Horstmann unveiled a bronze plaque honoring Dr. Francis. With her is Dr. Myron E. Wegman, dean of the school. Dr. Wegman, a Yale medical alumnus of the class of 1932, is chairman of the Yale Medical School Alumni Fund.



medal, highest award of the Connecticut Public Health Association, honors the first chairman of the Department of Public Health at Yale and is given for excellence and outstanding service in the public health field.

Dr. Massimo Calabresi, associate clinical professor of medicine, recently returned from a visit to Italy. In addition to lectures he delivered in Perugia on preventive medicine in chronic disease and a seminar conducted in Florence, he was involved in discussion of national planning of medical care, which is presently the primary concern of his host, Professor Seppili.

Dr. Solomon Schwartz, professor of radiology, was a visiting lecturer at the Albert B. Chandler Medical Center of the University of Kentucky in October. During his visit he addressed the Blue Grass Radiological Society on

"Intestinal Gas Patterns" and spoke at the medical center on "Vascular Disorders of the Small Bowel."

New Books

A HISTORY OF POLIOMYELITIS by John Rodman Paul, M.D., professor emeritus of epidemiology and preventive medicine. A leading investigator of poliomyelitis for more than thirty years, Dr. Paul contributed steadily to the advances that eventually led to its control. In relating the story of the disease, he begins with ancient records of what was apparently poliomyelitis and reviews events from its first clinical recognition through the epidemics and the many setbacks in research here and abroad. He writes warmly and knowledgeably of twentieth-century investigators and of the extraordinary

events that preceded the denouement of the story. Yale University Press, 504 pp., illus.

SKIN SIGNS OF SYSTEMIC DISEASE by Irwin M. Braverman, M.D., associate professor of dermatology, enables the physician to recognize and distinguish the various cutaneous manifestations of important systemic diseases. W. B. Saunders, 450 pp., 474 illus., 192 in color.

THE BIOCHEMICAL BASIS OF NEUROPHARMACOLOGY by Jack R. Cooper, Ph.D., associate professor of pharmacology; Floyd E. Bloom, M.D., National Institute of Mental Health; and Robert H. Roth, Jr., Ph.D., associate professor of pharmacology (psychiatry). This selective, interdisciplinary text approaches neuropharma-

EDITORIAL COMMENT: TIGHTENING THE BELT

The financial crisis that has hit the nation's educational institutions has been widely reported in the news media. A recent article in the *New York Times* notes: "The nation's colleges and universities, severely pinched between rapidly escalating costs and lagging incomes, are adopting a wide range of strict economy measures. The steps range from abolition of departments and reductions in faculty to cutbacks in snow shoveling and lawn mowing. Inflation, cuts in Federal spending and dwindling endowment incomes from investment portfolios have brought to many schools the first serious retrenchment and deficits since the Depression 40 years ago."

Medical schools are among the institutions that have been hard hit. In a recent *Memo from the Dean* distributed in February to faculty and students of the School of Medicine, Dean Redlich wrote: "For the first time both the university and the medical school are facing considerable deficits for the fiscal year just past. Deficit spending in a university, moreover, unlike federal deficit spending, does not promote either easy money or full employment.

"The deficit results from both in-

creased expenses and decreased income, including reduced endowment income, reduced federal support and reduced private giving.

"In addition, the university has sought to share its deficit with each component part; the medical school, for example, has been charged by the university with such expensive items as student aid, telephone bills and direct rather than deferred charges for development and planning. In turn, each department of the school, as well as the administration, has accepted proportionate cuts."

Yale Medicine has felt the effects of the university's financial problems. Our budget has been cut. In anticipation of these budgetary restrictions, certain changes were made in the production of the fall 1970 issue. (Did you miss the blue lettering on the cover?) It was apparent, however, that in order to stay within our budget, additional cost reductions would be required.

At their meeting last November, the Executive Committee of the Association of Yale Alumni in Medicine voiced their enthusiastic support for continuing *Yale Medicine*. It was decided to maintain the format but, be-

cause of the current budget restrictions, to combine the winter and spring issues. The present issue, although reduced in size, contains news of happenings in the school and the usual Alumni News section. The magazine will continue to be sent to all medical and public health alumni, former house officers, and faculty and students of the School of Medicine. Others on the current mailing list can continue to receive it without charge by returning the request form on page 16.

Our editorial policy remains unchanged. As space permits we shall keep you informed of activities within the school. We think you are interested in the faculty and the students—who they are, what they think, and what they are doing. We also think you are interested in your fellow alumni. Although the blue on our cover has been relinquished to save dollars, *Yale Medicine* remains the Alumni Bulletin of the School of Medicine and as noted in the first issue, "It will not be impartial; it will have a decidedly blue tinge, and we shall not be disappointed if it excites a modest amount of pride and nostalgia."

A. E.

cology by way of the physiology and biochemistry of nervous tissue. Oxford University Press, 256 pp., illus.

THE IDEA OF A MENTAL ILLNESS by Marshall Edelson, M.D., Ph.D., associate professor of psychiatry, investigates questions of mental illness, symbolic process, and levels of consciousness. Yale University Press, 152 pp. Dr. Edelson's **THE PRACTICE OF SOCIOTHERAPY: A CASE STUDY** was the main selection of the Psychiatry and Social Science Review Book Club for last October.

CHRONICLE FROM ALDGLATE: LIFE AND DEATH IN SHAKE-SPEARE'S LONDON by Thomas R. Forbes, Ph.D., professor of anatomy, is based on a study of a parish's record books and presents a unique glimpse

into urban life that will particularly interest specialists in public health, European history, and medical history. Yale University Press, 304 pp., illus.

Martin J. Kligerman, M.D.

Friends and colleagues of Dr. Martin Kligerman were shocked by the tragic news of his death on September 16, 1970. Dr. Kligerman, who had completed his postdoctoral training in June 1970, was a clinical instructor in psychiatry on the Yale faculty.

After receiving his B.A. degree from Amherst College, Dr. Kligerman did graduate work in classics and phi-

losophy at Harvard and received the M.A. degree in 1960. He entered the Yale School of Medicine that same year and with a brilliant record received his M.D. degree in 1964. As a medical student he found time to serve as a student editor for both the *Yale Journal of Biology and Medicine* and the *Journal of the History of Medicine and Allied Sciences*.

He interned at the Philadelphia General Hospital and then served in the Peace Corps. In 1966 he returned to New Haven for residency training in psychiatry, which he completed under the Yale program. During the year 1969-70 he was chief resident at the Veterans Administration Hospital in West Haven and an instructor in psychiatry at Yale. He had entered private practice in New Haven just before his death.

Alumni News

1932

CONRAD LAM and his wife, Marian, were in Chimbote, Peru, in December to visit their daughter, her husband, and a grandson. In a recent letter Dr. Lam said: "We took four weeks off (very easy now, since I am a 'consultant' rather than a full-time staff member), and went to Peru by boat. We had 13 pieces of luggage, including 3 duffle bags filled with new things for poor kids in Chimbote. There was a good outlet for these, since Margie works for the Foster Parents Plan."

1933

CAROLINE CHANDLER's book *Nursing as a Career*, written with Sharon Kempf, was published last fall by Dodd, Mead & Co. The book is designed to interest young people in the profession of nursing.

1934

LEONA BAUMGARTNER was the 1970 Frances Blanshard Fellow at Yale. During her two-day visit in New Haven, she lectured on "The Health Crisis in the United States" and talked individually with a large number of graduate and professional students interested in careers in the health sciences.

1937

ROBERT HORN, who since 1969 has been a member of the board of governors of the College of American Pathologists, was elected secretary-treasurer in September. He was speaker of the Assembly (now the House of Delegates) of the organization from 1965 to 1969.

1939

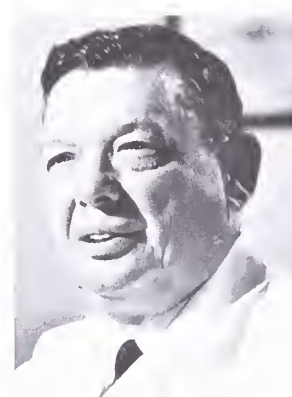
DOUGLASS WALKER has left the Johns Hopkins School of Medicine, where he was an associate dean, to become medical director of the Maine Medical Center, a 500-bed hospital and educational facility in Portland.

1940

CRAWFORD CAMPBELL, professor of orthopedic surgery at the Albany Medical College, gave the Second Annual William S. Perham, M.D., Memorial Lecture at the Hospital of St. Raphael, New Haven, in September. His subject was "Giant Cell Tumors of Bone."

1941

GEORGE JAMES, president of Mount Sinai Medical Center, New York, was the subject of the cover story in the November 2, 1970, issue of *Modern Medicine*. Before going to Mount Sinai



Dr. James

in 1965 as executive vice-president of the medical center and dean of the medical school, Dr. James had served as New York City Commissioner of Health for three years. The article uses the word "relevant" to describe Dr. James, and says that he visualizes the answer to the problem of providing universal access to high quality medical care "in terms of a new role for physicians, namely, leadership combined with peer review to supervise the profession itself and long-term planning that . . . would include enormously upgrading the financial and professional benefits from group practice."

1942

WALTER J. BURNETTE is coauthor, with Edmund Gehan, of *Planning and Analysis of Clinical Studies*, and editor of *Carcinoma of the Colon and Antecedent Epithelium*. Both books were published in 1970 by Charles C Thomas. Dr. Burnette is at the University of Texas M. D. Anderson Hospital and Tumor Institute at Houston.

LEO KELLERMAN wrote as follows in his 1970 holiday greetings: "As most of you know Elizabeth and I did get to Africa last February with 24 cartons of supplies and instruments. Four weeks and 2,000 patients later we left Gatundu Hospital, Kenya, with a functioning eye clinic and surgical unit and with a feeling that this working vacation had been a deeply satisfying experience. We hope to go back as soon as we can, and in preparation Elizabeth is studying Swahili at Queens College and teaching it to me on weekends. I have found that the way to beat the noise and delays on the Long Island Expressway is to practice Swahili exercises at the top of my voice with a tape recorder."

EDGAR and PRISCILLA ('44) TAFT also wrote a Christmas letter to friends, reporting on activities of the past year. They note: "The Federation meetings in Atlantic City followed by a long and glorious weekend in Washington came in April. The latter was particularly delightful because spring was very late in Washington this year and we saw more of the early flowering trees than usual, but mostly the visit was sparked by the joy of seeing old friends. In November we went to the West Coast and Hawaii for scientific meetings and a brief vacation . . . Our proposed trip to Europe did not materialize for various reasons, but we hope to go for a few weeks in May and June, but this is not yet definite."

IRVING WOLFSON in a letter to DONALD DIETER last spring commented: "My practice is interesting, pretty much exclusively cardiology and generally quite challenging. I manage to keep it restricted enough so that I put in a good work week but do not kill myself, as some of my friends here have done literally. We are waiting to see what changes the new U. Mass. Med. School, which is opening here (Worcester) next semester, will bring.

My extracurricular activities are those of an old-fashioned gut liberal, which I think is the only answer to some of the crazier Weathermen type kids. Most of my family and friends have been deeply involved in getting us out of Vietnam. It is really discouraging how much effort it takes to get a nation to amend a moral and practical mistake of such immense proportions."

1943 (Dec.)

ROBERT BRADLEY, who is on the staff at Joslin Clinic—New England Deaconess Hospital in Boston, has been made a councilor of the Lahey Clinic Foundation Alumni Association.

KEASLEY WELCH has been named neurosurgeon-in-chief at Children's Hospital Medical Center in Boston. Formerly professor of neurosurgery at the University of Colorado and consultant neurosurgeon at Fitzsimons Army Hospital and the Denver Veterans Administration Hospital, he has done extensive research in the physiology of cerebrospinal fluid.

1945

ROBERT EASTON recently wrote to RICHARD BRECK commenting enthusiastically on the 25th reunion last May and doubling his pledge to the Medical School Alumni Fund. In his letter he mentions that he and his wife had a December vacation in Surinam (Dutch Guiana) "with a long jungle trip in a dugout canoe, bird watching and people watching at the little native villages, etc." He also said that he did some scuba diving and managed to get nipped on a finger by a piranha.

1947

PATRICIA TUDBURY, who is in the practice of internal medicine in Po-

mona, Calif., and on the faculty of the University of Southern California Medical School, was a leading participant at the 55th annual meeting of the American Medical Women's Association held in San Juan, Puerto Rico, last November. Dr. Tudbury is currently serving as chairman of the International Relations Committee of the association.

1952

HARVEY YOUNG has been appointed vice-president of Madison Convalescent Centers, Inc., which operates convalescent centers and intermediate care facilities in the Spokane, Yakima, and Seattle areas of Washington. He is a former president of Spokane's Deaconess Hospital medical staff and of the Spokane Valley General Hospital medical staff.



Dr. Del Guercio

1953

LOUIS DEL GUERCIO is now director of surgery at Saint Barnabas Medical Center, Livingston, N.J., an 850-bed facility. He had been professor of surgery at Albert Einstein College of Medicine and director of the General Clinical Research Center.

1954

JAMES NORA, who was on the pediatric faculty at the Baylor College of Medicine, moved from Houston to Denver in January. He is now a member of the Department of Pediatrics at the University of Colorado Medical Center.

1955

JOHN BAILAR is director of the Veterans Administration \$75-million medical research program. He was formerly head of the demography section of the National Cancer Institute and director of the Third National Cancer Survey.



Dr. Tudbury

1956

WILLIAM NARVA, who is chief of the dermatology service at the National Naval Medical Center, Bethesda, Md., has been appointed associate clinical professor of dermatology at the George Washington University Medical Center. He holds the rank of commander in the Navy.



Dr. Avioli

1957

LOUIS AVIOLI has been appointed Sydney M. Shoenberg professor of medicine at Washington University School of Medicine in St. Louis. He serves as director of metabolism and endocrinology at the Jewish Hospital of St. Louis and is currently chairman of the Arthritis and Metabolic Diseases Committee of the Division of Research Grants of the National Institutes of Health. He has served on the committee since 1966.

1961

RONALD DIERWECHTER and his family have returned to the United States after some years working abroad in Algeria and more recently in the Congo. He has begun a surgical residency at Iowa Methodist Hospital in Des Moines.

WARREN WIDMANN has announced the opening of his office for the practice of general and thoracic surgery at 32 Franklin Street, Morristown, N.J. 07960.

1962

In a recent letter, **FREDRIC CANTOR** writes: "Since finishing my neurology training in 1969 I have been in Washington, D.C., in charge of the EEG lab and engaged in clinical research in neurophysiology at the Washington Veterans Administration Hospital. Our service is part of the Georgetown Neu-

rology Department and Residency Program, and of course I am a member of that department. Living in this area has been quite enjoyable; one of the unexpected benefits has been the contact with old friends as they pass through the area."

DALE HOWE has recently relinquished his practice in California and plans to begin an orthopedic residency at Georgetown University in Washington, D.C., in July.

1964

REMO FABBRI announces the opening of his office for the practice of psychiatry specializing in psychosomatic and sexual disorders at 31 High Street, New Haven, Conn. 06511.

HOUSE STAFF

1954

KENNETH JOHNSON has been appointed chairman of the new department of community medicine at Dartmouth Medical School and associate dean for community medicine. He was formerly professor of community medicine at Cornell Medical College.

1955

JULIAN KITAY has been promoted to the rank of professor of internal medicine and physiology at the University of Virginia School of Medicine.

1960

RICHARD HAUSKNECHT was the subject of several news stories last fall because he landed a world-record-breaking 985-pound bluefin tuna off Montauk Point, N.Y., and received an accolade for his accomplishment from *Sports Illustrated*. Dr. Hausknecht, who is in the practice of obstetrics and gynecology, is a founding member of the Medical Committee for Human Rights, on the executive board of Physicians Forum, one of the first doctors to join civil rights marches in the South, and counselor to numerous abortion organizations, the War Resisters' League, community control groups — and a fisherman.

PUBLIC HEALTH

1947

EDNA MILLER has been made director of dental affairs of Frohlich/Intercon, New York City. Dr. Miller (Mrs. Alfred Finberg) is also a member of the agency's Professional Scientific

Group. She has been in private pedodontics practice for 15 years.

CECIL SHEPS became vice-chancellor of health sciences at the University of North Carolina in Chapel Hill February 1 and will serve until September 1971, the duration of the present chancellor's tenure. Dr. Sheps will continue in his post as director of the Health Services Research Center.

1950

HELEN CLEARY has been named lecturer on health education at the Harvard School of Public Health. In 1967 she retired from the United States Marine Corps as a lieutenant colonel, and since then has served as health educator for the Boston and Quincy Health Departments, has been associated with the Rehabilitation Council of the United Community Services of Metropolitan Boston, and from 1958 to 1967 directed the Massachusetts Association for the Blind.

1951

ALICE DEVERS, who lives in St. Louis, Mo., retired in February as a public health nurse consultant. Mrs. Devers reports that two other members of the class, **ELIZABETH ULRICH**, who was married in 1969 to Edward H. Throm and now lives in New Haven, and **MARGARET WELLS**, who lives in Hyde Park, N.Y., have also retired.

1958

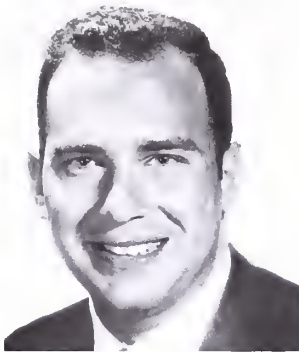
PATRICIA GRMAILA is director of field health at San Carlos Indian Hospital, San Carlos, Ariz. She met **CHUN-LIN LAI** last summer while in Taipei, Taiwan, and writes that in September Dr. Lai completed 25 years of service with the government of the Republic of China.

1959

LEE PODOLIN, executive director of the Metropolitan Planning Corporation in Cleveland, has been appointed to the Medical Assistance Advisory Council of the Department of Health, Education, and Welfare. The council advises the Secretary of HEW on the administration of Medicaid.

1965

DAVID WEINER was appointed February 1 to the newly established post of administrator of the Children's Hospital Medical Center in Boston. He had been assistant to the general director



Mr. Weiner

of the center, and in his new post assumes many of the operational duties formerly handled by the general director, including overall direction of the day-to-day activities of the hospital and coordination of the efforts of the senior administrative staff. Since 1969 he has been on the faculty of the Harvard School of Public Health as a lecturer in medical care administration.

1966

BARBARA LOZOFF BRODY is working part time as director of plan-

ning and research for Planned Parenthood in San Diego. She has a year-old son.

1967

GUSTAVO JUSTINES is working for his Ph.D. in veterinary science at the University of Wisconsin and is a research assistant there.

PATRICIA MAIL is a public health educator with the Indian Health Service, USPHS, and works with the Papago Indians of Arizona and Sonora, Mexico. She lives in Sells, Ariz., and is working for her Ph.D., having received an M.A. in anthropology last year.

ROBERT WOODWARD, who is chief, Technical Operations, HQ, Aerospace Medical Division, Brooks AFB, was promoted to the rank of major last June.

RICHARD YEOMANS, also a major in the Air Force, received the Bronze Star and the Republic of Vietnam Air Service Medal for his service as associate administrator of the 12th USAF Hospital, Cam Rahn Bay. He is now stationed in West Germany.

1968

BOBBY ROWE is executive officer, 659th TAC Hospital, and holds the rank of captain. His article "The Application of Computer Simulation Techniques to an Air Force Casualty Staging Flight" was published in the July 1970 issue of *Military Medicine*.

1969

MARVA SEROTKIN became assistant deputy commissioner for community health services for the Boston Department of Health and Hospitals last July. Previously she had been an associate at the Harvard Center for Community Health and Medical Care.

GERT WALLACH is director of medical services, Chattanooga-Hamilton County Health Department, project director of three service programs, and resident in preventive medicine. Dr. Wallach reports that the department includes a number of clinics, a public health nurses department, epidemiology and communicable disease control, and a department of statistics and research.

Yale Medicine is reviewing its mailing list. The magazine will continue to be sent to all medical and public health alumni, former house officers, and faculty and students of the School of Medicine. Others on the current mailing list are requested to return the adjoining form to indicate their interest in receiving *Yale Medicine*. Those who return the request form will continue to receive the magazine without charge.

The Editor
YALE MEDICINE
Yale University School of Medicine
333 Cedar Street
New Haven, Connecticut 06510

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Yale Alumni Seminar, 1971

Medical alumni and their wives or husbands are invited to participate in the Fifteenth Annual Yale Alumni Seminar Tuesday, June 15, through Friday, June 18. The topics that will be examined in successive time slots on each of the

Our Urban Condition

Lectures: 9 a.m.

Government & Its Resources in the Metropolitan Area

Joel L. Fleishman, associate provost for urban studies and programs

Who Owns the Schools in Our Changing Society?

Albert J. Solnit, professor of pediatrics and psychiatry

Law and Order

Albert J. Reiss, Jr., professor, Department of Sociology and Institute of Social Science

Urban Transportation: Its Many Dimensions

John R. Meyer, professor of economics

Man And His Fictions

Lectures: 11 a.m.

Aggression & Satire: The Relationship of Biology & Fiction

Alvin B. Kernan, professor of English and director, Division of Humanities

Psychology & Fictions

Irvin L. Child, professor of psychology

Beginnings, Ends & Plots

Peter P. Brooks, assistant professor of French

Literature & Popular Fiction: The Detective Story

James M. Holquist, assistant professor of Russian literature

four days are shown below with the speakers on each topic. Information on housing and registration may be obtained by writing to William H. MacLeish, Box 1918 Yale Station, New Haven, Connecticut 06520.

Health Care Crises

Lectures: 2 p.m.

Future Developments in Medical Practice

George A. Silver, professor of public health (international health)

National Support for the Medical Care Needs for the Community

Isidore S. Falk, professor emeritus public health (medical care)

Community Health Services: The '70s—A Time for Change

Alvin Novack, associate professor of clinical pediatrics and public health

The Role of the University in the Delivery of Health Care

Daniel S. Rowe, professor of clinical pediatrics and public health

The Theatre: Living And Dying

Lectures: 4 p.m.

Theatre Design

George C. Izenour, professor of theatre design and technology

Setting the Stage

Ming Cho Lee, visiting critic in design

Acting Then and Now

Elizabeth Parrish, associate professor (adjunct) acting

Writing for the American Theatre

Howard Stein, associate dean, School of Drama and professor (adjunct) of playwriting

REMINDER

If you have moved recently, or are about to move,
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MEDICAL ALUMNI DAY
AND CLASS REUNIONS
SATURDAY, MAY 22, 1971

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Yale Medicine

Annals Bulletin of the School of Medicine/Fall-Winter 1971

Archives

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Y3

Yale Medicine

Alumni Bulletin of the School of Medicine/Fall-Winter 1971, Vol. 6 no. 2

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Yale Medicine is distributed to members of the Association of Yale Alumni in Medicine, students and others interested in the School of Medicine. Communications may be addressed to the Editor, Room L200, 333 Cedar Street, New Haven, Connecticut 06510.

We welcome news items for the Alumni News section of *Yale Medicine*. We particularly like to know of honors and awards, election to office in professional societies, foreign travel, and similar news about your classmates and yourself. Items should be sent to the Editor, *Yale Medicine*, 333 Cedar Street, New Haven, Connecticut 06510.

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School Alumni Fund

Cover: Gauges on the first high resolution fast electrical scan mass spectrometer, developed by the Yale Physical Sciences Section, described in the article beginning on page one.



During the past decade incredible progress has been made in the areas of biochemistry, biophysics and molecular biology. This has created new and deeper understanding of fundamental phenomena involved in basic biological processes. Undoubtedly the results of these developments will ultimately be reflected in the ability to effectively eradicate some of the major diseases which afflict our society.

A number of these accomplishments have been achieved through the ingenuity of scientists working with a variety of sophisticated tools created specifically to seek solutions to complex problems. Progress in certain areas involving the interrelationship between chemical structure and biological activity would be severely retarded without the innovative use of such powerful devices as x-ray diffractometers, nuclear magnetic and electron spin resonance devices, ultra-

centrifuges, electron microscopes, mass spectrometers, high resolution chromatographs and computers.

In recent years scientists in a wide variety of disciplines concerned with the separation and characterization of complex organic compounds of biological importance have been able, for the first time, to readily adopt these advances to their own research interests. Thus, in 1968, the School of Medicine created a Section of Physical Sciences, formally recognizing the prominent role played by some of its scientists in bringing about certain of these developments, particularly in the areas of the separation sciences, high resolution mass spectrometry and nuclear magnetic resonance. The present professional staff of the Section consists of Dr. S. R. Lipsky, director, Dr. C. G. Horvath, Dr. W. J. McMurray and Dr. R. J. Cushley.

The beginnings of all of this can be traced back to 1956, when Dr. Lipsky was an instructor on the medical school faculty. He had spent several frustrating years attempting to separate and identify certain fatty acids isolated from the tissues of man and decided that a completely new approach was necessary if this important problem was to be resolved to his satisfaction. This decision led him to the work of the Nobel Laureate Professor A. J. P. Martin, now a long time friend, who had at that time described a new and novel method called gas chromatography. Dr. Lipsky became fascinated with the vast potential of this method and after many months of work, made major contributions which enabled him to resolve his own research problems.

Because of the profound implications that this type of work held for the biomedical spheres of lipid chemistry and later, steroid chemistry, word of these developments quickly spread. Shortly thereafter Dr. Lipsky was asked by an Advisory Committee of the National Institute of Health to receive a delegation of fifteen scientists from government, industrial and university laboratories to visit his laboratory at Yale. The laboratory at this time was a 12 by 15 foot room.

The night before the delegation arrived Dr. Lipsky and two graduate students worked feverishly to make things ready. They cleaned up the bizarre looking bread-board device and replaced several old components of the column and detector systems with new ones. In retrospect, this almost proved to be disastrous and some-

thing an old hand at the game would never have done. At ten that night when the instrument was turned on— instant panic! Nothing worked!

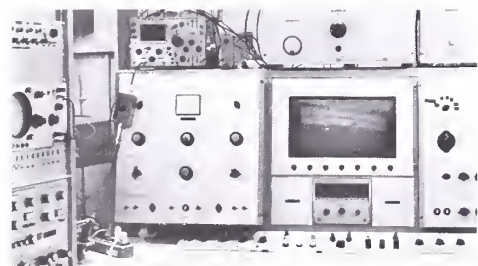
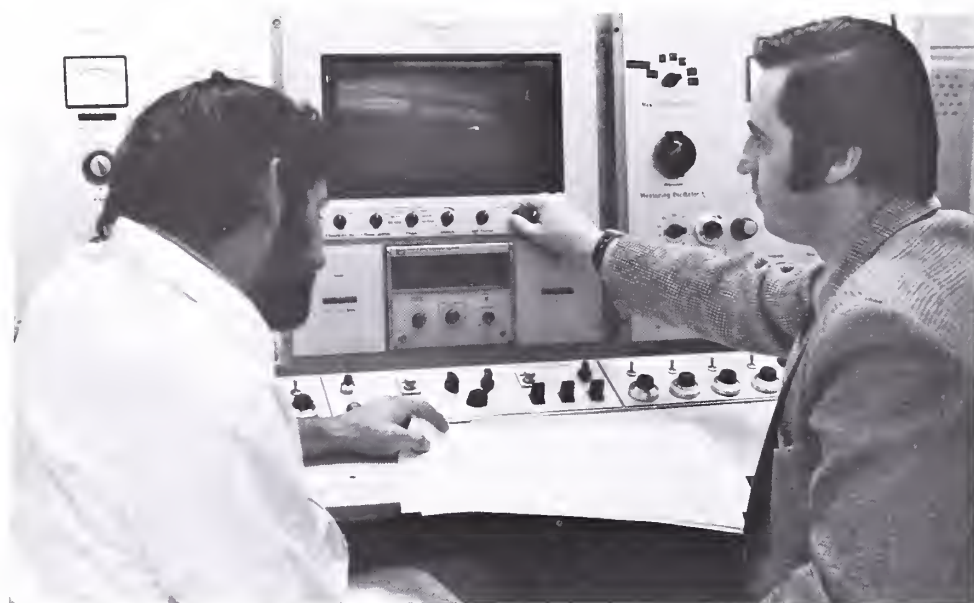
Although they had a collection of charts that would show the visitors the incredible resolving power of this tool, they felt that an actual demonstration of the equipment working was essential at this point. Over the next several hours they isolated and analyzed every individual component of the system and found all to be in good working order. At 4:00 a.m. they reassembled the unit, turned it on, and found the same miserable wandering base line. Bleary eyed, they decided to get a few hours of sleep on lab benches. When they awoke three hours later, they discovered to their amazement that the base line had stabilized during the last hour!

Apparently, the glass blower, in his anxiety to deliver a specially designed "U" tube column in the shortest possible time did not "bake it out" in a high temperature oven overnight. What they had experienced was "globs" of water vapor being eluted from the column into the sensitive detector system, giving rise to enormous instability of the system.

The visitors arrived on schedule at 9:00 a.m. At the end of the day the administrative personnel from the National Institute of Health were so impressed that they immediately arranged for the laboratory to receive substantial financial support to continue this work.

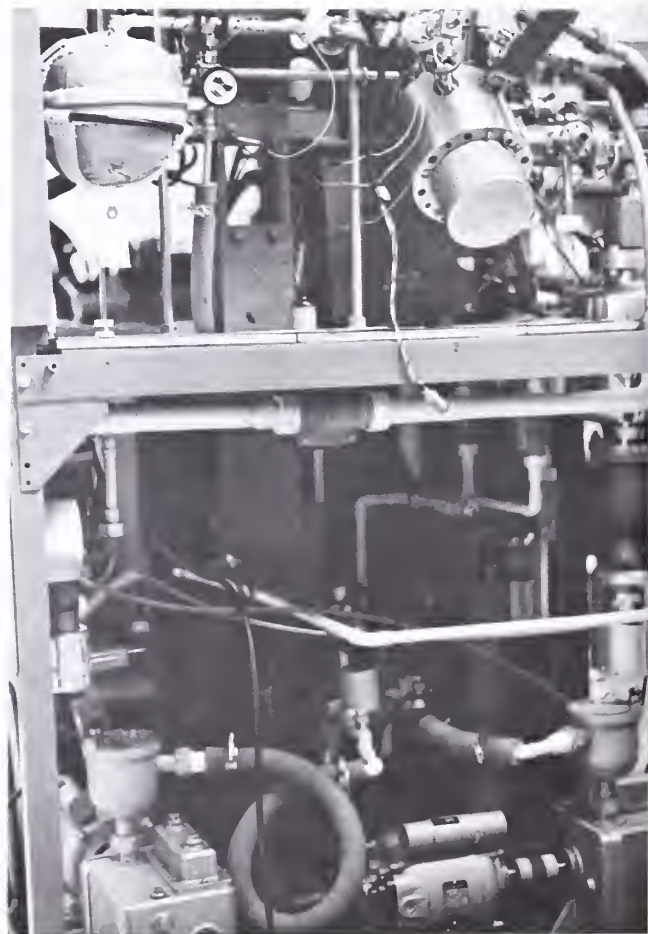
From this laboratory emerged a series of major pioneering developments that are now utilized the world over by scientists in many different fields. These include the "electron capture" detector, the helium ionization detector, the electron drift velocity detector, the first high resolution fast magnetically scanned mass spectrometer, the first high pressure (200 atmospheres)-high performance liquid chromatograph developed to rapidly separate nucleic acid subunits, and a unique computer controlled Fourier Transform Nuclear Magnetic Resonance System for carbon-13 and phosphorous-31 spectrometry. They have also developed a wide array of thermally stable organic compounds that are used as novel stationary phases to provide separations of complex mixtures heretofore difficult or impossible to attain.

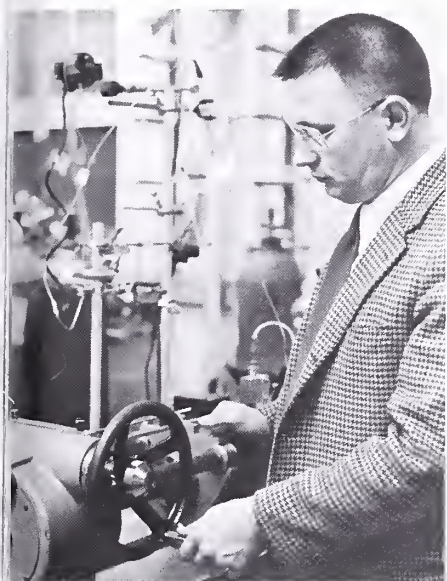
Photographs with brief descriptions of some of these developments are included on the next two pages.



Dr. Robert Cushley and his assistant sit before a high resolution nuclear resonance spectrometer, combined with the fast Fourier transform analysis technique, equipped to perform carbon-13 studies. It is one of the first of its kind developed in the United States to be interfaced with an IBM 1800 computer for data acquisition.

This is the first high resolution fast electrical scan mass spectrometer. It was developed by the Yale Physical Sciences Section as a prototype for the now routine instrument used in laboratories all over the world.





Dr. Csaba Horvath is shown with some of the prototype equipment used to develop the first high-pressure, high performance liquid chromatograph system. This was the first device of its kind to be used for the rapid analysis of certain higher molecular organic components of biological importance which could not be converted into a gaseous state or conveniently analyzed by other methods.



This development led to a collaborative project with Professor John Fenn of the Department of Applied Sciences and Engineering, Dr. Walter McMurray and Dr. Lipsky, in an effort to produce a unique mass spectrometer that could handle such higher molecular weight materials (above 10,000/mw) which could not be volatilized in a convenient manner. Dr. McMurray and Dr. Lipsky are shown with this prototype system which hopefully will provide valuable structural information concerning macromolecules of biological importance.

Women are the center of attention at Yale these days—although not in the traditional way. Considerable thought is being given to the education of women and to their ultimate status in the professional world.

When the first Yale coed college class bounded onto campus with much fanfare in 1968, most of the attention was focused on coeducation at the undergraduate level. Now serious thought is being given to the admission, training and professional goals of graduate and professional school women, who have been around campus for decades.

The medical school is no exception. At a recent faculty meeting Dean Redlich announced that measures were under study to introduce more equality for women in the medical school, including the admission of more women students and the recruitment of more women on the faculty with greater equity in pay and rank. There are 20 women students in this year's class of 102 freshmen—more than double the number in any previous year. But, in spite of increasing pressures for consideration for women in the medical profession, serious problems exist.

Many more qualified students apply to medical school than can be accepted and admissions committees naturally try to take students who they feel are most likely to be productive in their medical careers. If they regard women as uncertain professional risks, they will be reluctant to accept many women as students. The question of how effectively women use their medical training is therefore important.

In an issue concerned with women's education at Yale, the *Yale Alumni Magazine* published a report covering the medical school years between 1954 and 1963. This report found that women, in comparison to a pro-rated group of men, "failed to complete their studies more often, received fewer and less prestigious internships, end-

ed up with fewer academic appointments and were more likely than men to practice part-time rather than full-time."

Dr. Phyllis Bodel, a graduate of Harvard Medical School and a senior research associate at the Yale School of Medicine, as well as the mother of three young children, took issue with the report, questioning whether it was sufficiently comprehensive and documented to be used as illustration of the performance of women in and after Yale. National statistics, she pointed out, show that the vast majority of women doctors do complete their training and practice medicine; for example, the AMA master file on American physicians for 1969 revealed a total of 24,008 women physicians—7.4 percent of the total of 324,942. Eighty-four percent of these women were professionally active, compared to 94 percent for men. Two-thirds of the women who were inactive were retired or disabled; almost one-third were *temporarily* not in practice. Only 473 women were permanently out of practice for other than the above reasons.

Dr. Bodel and Dr. Elizabeth Short were interested in obtaining data on the women graduates of Yale School of Medicine. They prepared a questionnaire to be sent to 97 of 135 women who entered the medical school between 1944 and 1965 (22 had transferred and addresses were not available for 16 others). Seventy-seven replied. The questionnaire, which asked for information about training and careers following graduation, focused on some of the unique qualities in women's careers which should be taken into consideration by medical schools as well as potential employers. In her report on the results of the questionnaire, Dr. Bodel notes that, "since it is widely believed that more women than men students fail to finish medical school, it is noteworthy that during those same years 73 male students did not graduate out of a total male enrollment of about 1500. Thus, the 'dropout rate' from an M.D. degree was 5% for men and 8% for women. Similar figures are reported in the follow-up study from Johns Hopkins.

"After leaving medical school, these women compiled an impressive record of post-graduate training. Of those who graduated before 1967 (and have, therefore, had several years' opportunity for training), 43 took four or more years of internship, residency and fellowship training, 16 had either two or three years of such experience,

three had only one year, and only one took no further training. All 14 women who graduated in 1967 or later are in full-time work; 12 of these are still in training.

"Only three of the 77 women reported that they were not presently involved in medical activities, and one of these was to return this year to full-time training. Fifty-three women now devote 40 or more hours per week to their careers, 18 spend between 20 and 40 hours and only three work less than 30 hours. At some time in their careers, however, many of the older women, who now work full-time, reduced or stopped their medical activities for a few years. Most often this happened five to ten years after graduation when young children in the family created particularly heavy demands at home. Similarly, nearly half of the women graduates of classes from 1960 to 1965 are currently in part-time work, whereas more than three-quarters of both the older and the younger graduates are in full-time work. Most women of all classes



married (63 of 77) and most have children. Even though half of the older graduates have three or more, most of these others work full-time.

Yale's women graduates have developed a wide variety of medical careers. Most have jobs which emphasize teaching, research and administrative responsibilities; only 12 women reported that they are in full-time practice (40-100 hours per week). Forty-six women hold teaching appointments, but only 16 are assistant or associate professors, and none are full professors. Fifteen devote considerable time to administrative jobs, which include positions as chiefs of sections or departments, and directors of state, community and hospital medical facilities. Fourteen spend a significant part of their time in research. Twenty-two are board certified in their specialties. The specialties chosen by the largest numbers of women are medicine, pediatrics, psychiatry and pathology, in that order."

The last part of the questionnaire asked the alumnae to describe briefly their current situation (career and family) and future professional plans. "Desperate," was the answer of one 1967 graduate with two young children.

A more typical response came from a 1964 graduate with three children. "Plan to continue as above, working three-quarters to full-time in practice, clinic work, perhaps some clinical research and teaching. Would like another child as well. Find family and profession quite compatible with assistance from husband, baby sitter and cleaning lady. When I attended Yale there was a quota for women of five percent and an attitude (common in most medical schools) that a woman was 'wasting' a man's place. It was really quite difficult at times to manage full time school, then training and a growing family. However, once training is completed, the medical profession, with its flexible hours, is an ideal job for a 'working mother.' If you want to attract more women into medicine . . . flexible schedules are essential. Really, too, maternity leaves, child care facilities and an understanding towards women who are juggling two jobs at once, could be a big help."

In summarizing the information obtained Dr. Bodel observed, "The results of our survey, like those of others, provide no evidence that women do not follow through with their careers. It does, however, point

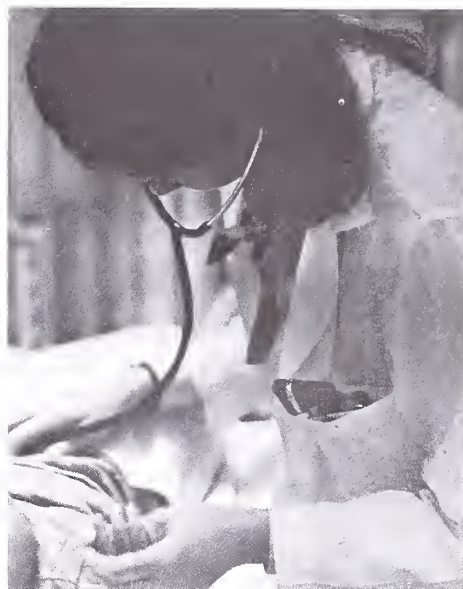
up several areas which must be of concern to medical educators. A significant number of Yale's women work part-time at some time in their lives. Very few of those engaged in teaching have reached the higher faculty posts. Very few are in full-time practice. Are these necessary features of women's roles in medicine? Are they a result of intrinsic biological demands, or are they conditioned by the current framework of social and medical institutions? What kind of lives do young women entering medicine today see for themselves as individuals and as professionals? To answer these questions it is necessary to explore some of the larger issues relating to women and their current place in our society.

"Both biological and social roles of women are indeed changing. Many intelligent and capable women are now leaving college with plans to pursue a professional career. . . . They consider themselves entitled to equal consideration as individuals for entrance to medical school and medical training, and they do not apologize for retaining their unique qualities as women while they learn and practice medicine.

"Finally, young women as well as young men are intensely aware of their responsibilities to fulfill themselves both as individuals and as members of a society which is undergoing profound changes. This set of values leads them to choose careers of personal social responsibility rather than those which offer only traditional rewards of status or high income. Medicine, therefore, is a particularly attractive goal."

What can be done to better use the talents and training of these young women? Dr. Bodel suggests the admissions committees be asked to consider women applicants as individuals rather than as members of a special group and that the training opportunities for women in medicine be significantly improved. She also suggests that women who enter medical school with family responsibilities may need extra time to complete the course of study. Part-time internships and residencies should be made available for women (and men) who need them. Career choices for women within the medical profession need to be broadened to provide opportunities for women to re-enter active medical work or training after temporary interruptions of their careers. And, finally, more women should be represented on faculties of medical schools.

"Recommendations such as these are not an argument for 'special rules' for women,"



she states, "it is obvious that most women's life styles will differ from those of men. Medicine as a profession, however, embraces a wide variety of careers and ways of living, and already the need for increasing flexibility in subjects and styles of learning are reflected in medical school curriculum changes. Men as well as women can benefit from such changes."

New Clinical Departments

Action taken by the Yale Corporation at its June meeting conferred departmental status on five clinical sections in the School of Medicine. The new departments and their chairmen are: Anesthesiology, Dr. Nicholas M. Greene; Dermatology, Dr. Aaron B. Lerner; Laboratory Medicine, Dr. David Seligson; Neurology, Dr. Gilbert H. Glaser; and Ophthalmology and Visual Science, Dr. Marvin L. Sears.

Anesthesiology and Ophthalmology were previously sections of the Department of Surgery; Dermatology and Neurology were a part of the Department of Internal Medicine. The Section of Laboratory Medicine, which has been an autonomous section since 1965, was formerly known as the Section of Clinical Pathology; its faculty members held appointments in the Departments of Internal Medicine, Microbiology, or Pathology.



Dr. Nicholas M. Greene, who received his B.S. degree from Yale in 1944, returned to New Haven in 1955 as professor of anesthesiology and director of anesthesiology at Grace-New Haven Hospital (now the Yale-New Haven Hospital). He attended medical school at Columbia University College of Physicians and Surgeons. Following his residency at the Massachusetts General Hospital and a fellowship in Edinburgh, Scotland, he served as an instructor at Harvard Medical School and then went to the University of Rochester School of Medicine and Dentistry where he served as anesthetist-in-chief at Strong Memorial Hospital.



Dr. Aaron B. Lerner was appointed in 1955 as an associate professor to head a newly organized Section of Dermatology in the Department of Internal Medicine. He had received his M.D. and Ph.D. degrees from the University of Minnesota. After internship and military service he was a postdoctoral fellow at Western Reserve University School of Medicine, and prior to coming to Yale he had served on the medical faculties at the University of Michigan and the University of Oregon. In 1958 he was promoted to professor of dermatology.



Dr. David Seligson was appointed associate professor of medicine at Yale and director of laboratories for the hospital in 1958. Since that time he has continued to serve as chief of the clinical laboratories at Yale-New Haven Hospital. Previously he had been director of the Division of Biochemistry at the Graduate Hospital of the University of Pennsylvania. In 1964 he was promoted to professor of medicine and pathology and in 1969 was named professor of laboratory medicine. Dr. Seligson holds the doctor of science degree from Johns Hopkins University and received his M.D. degree from the University of Utah.



Dr. Gilbert H. Glaser came to Yale in 1952 as an assistant professor of neurology in the Department of Internal Medicine. As chief of the Section of Neurology and director of the Electroencephalographic Laboratory, he was promoted to associate professor of neurology and psychiatry in 1955 and to professor of neurology in 1963. Dr. Glaser received his M.D. and Med.Sc.D. degrees from Columbia University and served as an associate in neurology at Columbia's College of Physicians and Surgeons in New York City prior to coming to New Haven.



Dr. Marvin L. Sears, who joined the faculty in 1961 as an assistant professor and the first full-time chief of ophthalmology, received his M.D. degree from Columbia University College of Physicians and Surgeons. He came to Yale from the Johns Hopkins University School of Medicine, where he had received his residency training at the Wilmer Institute of Ophthalmology. Dr. Sears became an associate professor in 1964 and was promoted to professor of ophthalmology in 1969.

Redlich to Retire as Dean

At a meeting of the School's Board of Permanent Officers in June, President Kingman Brewster, Jr., announced that Dean Redlich had decided that he would relinquish the deanship when his current five-year term expires in June 1972. In a subsequent memorandum to the faculty, staff, and students of the School of Medicine, President Brewster explained that his decision to proceed toward the appointment of a new dean as of July 1, 1972 was taken after receiving word from Dr. Redlich that he would be unavailable for a second five-year appointment and was eager to take a sabbatical leave for research. The president's memorandum read in part: "... it is very important that Dr. Redlich's last year as dean should be one of continued forward motion on appointments, educational program, research, and continuing efforts to improve clinical practice and service. We must also move ahead with active efforts to assess the long range plans and priorities in medical education, research and service at Yale."

Dr. Redlich, who was chairman of the Department of Psychiatry before being appointed dean and associate provost for medical affairs in 1967, plans to return to research, teaching, and writing in the behavioral sciences upon leaving his administrative posts. Commenting recently on his decision, he said, "When President Brewster approached me about serving another term as dean I knew that such a reappointment would bring me to my retirement age. As I would hope to make some further contributions as an academic psychiatrist I did to decline with real regrets to commit another five years to a challenging and in any ways rewarding job. I will do everything in my power to assure a smooth change of leadership and to help maintain the continuity necessary to bring to fruition efforts for constructive change initiated during my tenure as dean."

During Dr. Redlich's deanship there has been continued expansion of the educational and research programs of the School and also the development of new service endeavors both within the Yale-New Haven Medical Center and in the surrounding communities. A new curriculum begun in 1968 after several years of planning has been successfully implemented and its first products will graduate in 1972, class size has increased from 80 to 102 students with

greater representation of minority groups, a new governance plan with broad representation from various faculty and student groups was initiated last year, a new Department of Molecular Biophysics and Biochemistry was established in 1969 and just this past June five clinical sections were given departmental status—these are but a few examples of the innovative developments which have taken place under Dean Redlich's leadership. The School has also become increasingly active in community affairs through the outreach activities of various clinical departments and the Connecticut Mental Health Center and through cooperative arrangements with the Hill Health Center, the Community Health Care Center Plan, and the Yale Health Plan. Regional activities throughout southern Connecticut have been encouraged in cooperation with the Connecticut Regional Medical Program, and the School has entered into new affiliations with twelve community hospitals. These programs and many more have been developed at a time when serious financial problems have faced this nation's medical schools and universities.

A faculty committee to recommend a new dean for the School of Medicine has been appointed by the president and is now at work. In announcing the appointment of this committee, Charles H. Taylor, Jr., the university provost, remarked: "I know I do not need to emphasize the importance to the School and to Yale of finding a distinguished successor to Dean Redlich, one who can build upon and further the substantial progress which the School has made during his term."

Professors Emeriti

At the close of the 1970-71 academic year, four members of the medical faculty were named to be emeritus professors. Those honored were **Dr. Massimo Calabresi**, clinical professor emeritus of medicine, **Dr. J. Roswell Gallagher**, clinical professor emeritus of pediatrics, **Dr. Vernon W. Lippard**, dean emeritus and professor emeritus of pediatrics, and **Dr. Gustaf E. Lindskog**, William H. Carmalt professor emeritus of surgery.

New Associate Dean for Regional Activities

Dr. Robert L. Scheig has been appointed associate dean for regional activities and director of the School's Office of Regional Activities. He replaces Dr. R. John C. Pearson, who left Yale this summer to accept an appointment on the faculty of the University of Ottawa.

The School of Medicine, through its Office of Regional Activities, is an active participant in a state-wide cooperative effort under the aegis of the Connecticut Regional Medical Program to improve the quality of health care and the delivery of medical services. Toward this end, community hospitals and other health facilities have been encouraged to form cooperative alliances with one of Connecticut's two major medical teaching complexes, Yale and the University of Connecticut. One of Dr. Scheig's major responsibilities will be to foster the growth of these alliances.

Dr. Scheig received his M.D. degree from Yale in 1956 and did four of his five years of postdoctoral training in New Haven. He joined the Yale faculty in 1963 as an instructor and is now an associate professor of medicine; his work has been in the fields of liver disease and fat metabolism. He will continue to hold his academic appointment in the Department of Internal Medicine.

Promotions to Professorships

The following members of the medical school faculty have been promoted to the rank of professor: Thomas T. Amatruda, M.D., clinical professor of medicine; Robert L. Arnstein, M.D., clinical professor of psychiatry; Boris M. Astrachan, M.D., professor of clinical psychiatry; Harold O. Conn, M.D., professor of medicine; Jack R. Cooper, Ph.D., professor of pharmacology; Arthur Ebbert, Jr., M.D., professor of clinical medicine; B. Marvin Harvard, M.D., clinical professor of urology; Paul H. Laviertes, M.D., clinical professor of medicine and public health; Lewis L. Levy, M.D., clinical professor of neurology; Woodrow W. Lindenmuth, M.D., clinical professor of surgery; Bernard Lytton, M.B.B.S., professor of urology; Sherman M. Weissman, M.D., professor of medicine and molecular biophysics and biochemistry; and Harold N. Willard, M.D., professor of clinical medicine.

Commencement 1971

At the University's 270th commencement exercises in June, 89 candidates received the Doctor of Medicine degree; this is the largest medical class to graduate from Yale, five more than the previous record in 1970. One Doctor of Public Health degree was granted. The degree Master of Public Health was awarded to 57, again a record number to receive this degree.

The M.D. degree *cum laude*, presented to students whose work shows unusual merit, was awarded to Marian H. Block, Fred D. Finkelman, Arthur F. Jones, Barbara K. Kinder, William J. Mangione, Robert Park, Paul A. Vignola, Robert B. Vranian, Ray C. Walker, and Albert C. Wehl II.

Prizes awarded to members of the graduating class were as follows: the Borden Undergraduate Research Award to Robert B. Diasio; the Campbell Prize to Albert C. Wehl II; the Miriam Kathleen Dasey Award to Robert Park; the Keese Prize to Richard A. Moggio; the Parker Prize to Paul A. Vignola; and the Upjohn Achievement Award to Willard Cates, Jr.

Class Size Increased

The present first year medical class is the largest in the school's history—102 students. This is a ten percent increase in class size as compared with the previous year and is the second increase in the past five years.

In 1951 the number of first year students was increased from 65 to 80. The size of entering classes then remained relatively constant until 1967 when in response to the nation's need for more physicians a further increase was authorized, and 92 students were admitted.

In commenting on the recent increase to 102 students, Dean Redlich noted that changes in Yale's class size and curriculum are in concert with the national goals of increasing the enrollment of existing medical schools and fostering curriculum innovations. The additional teaching and administrative resources necessary to support the larger medical class will be provided through a Physician Augmentation Program grant from the Department of Health, Education and Welfare.



Dean Arnstein Receives Award

On October 12 Dean Margaret Arnstein of the Yale School of Nursing received the American Public Health Association's highest award, the Sedgwick Memorial Medal for 1971. The medal was presented by Dr. Ira V. Hiscock, Anna M. R. Lauder professor emeritus of public health and a winner of the Sedgwick Medal in 1962. At Dean Arnstein's left is Dr. Myron E. Wegman, who was present as president-elect of the Association.

Dean Arnstein is one of five women who have received the Sedgwick Medal since it was established in 1929. She has been dean of the Yale School of Nursing since 1967 and was previously a top officer in the U.S. Public Health Service. She has also worked with the World Health Organization and other international agencies to improve nursing programs abroad.

The citation accompanying the medal read in part: "... able administrator, inspiring innovator, brilliant teacher, stimulating professor, superior Dean of Nursing and understanding friend of people in many lands ... As Dean, Margaret Arnstein continues to lead and inspire, drawing on qualities of courage, ingenuity, inspiration, and vision, mixed with common sense, a good sense of humor, and an active desire to help people live in happiness and peace."

Faculty Notes

Three members of the medical faculty were among the fifty scientists elected to the National Academy of Sciences in April. Those selected for memberships in what is regarded as the nation's foremost scientific group included **Dr. Edward A. Adelberg**, professor of microbiology, and two professors of molecular biophysics and biochemistry, **Dr. Alan Garen** and **Dr. Frederick M. Richards**.

Dr. Jordi Casals, professor of epidemiology, gave one of the main addresses at the International Symposium on Viruses and Cancer held in Barcelona, Spain in June. The ceremonial opening session held in the City Hall of Barcelona was in honor of the late **Dr. Francisco Duran-Reynals**, a former distinguished member of the Yale medical faculty and a pioneer in the study of viral etiology of cancer. Dr. Casals spoke on "Duran-Reynals as a Scientist."

Dr. Philip K. Bondy, C. N. H. Long professor of medicine, and **Dr. Philip Felig**, assistant professor of medicine, were guest editors of the July issue of *Medical Clinics of North America*, a symposium on advances in the study of diabetes mellitus. Dr. Felig was also a guest lecturer at an International Congress on Energy Balance in Man sponsored by the French Nutrition Society in Paris in September; he spoke on "Metabolic Pathways in Starvation."

Dr. David A. Hilding, associate professor of otolaryngology, was named recipient of a Distinguished Alumni Citation in the field of medicine by Gustavus Adolphus College in St. Peter, Minnesota. The award was made at the alumni banquet on May 29. Dr. Hilding received his B.A. degree from the college in 1951.

The Benedict R. Harris Award for 1971 was presented to **Dr. James D. Kenney**, assistant clinical professor of medicine. This award, inaugurated in 1967, is given annually to the private physician who has contributed most to the teaching of the first year medical residents at Yale-New Haven Hospital.

Dr. Herbert D. Kleber, associate professor of clinical psychiatry, has been reappointed to the Drug Advisory Council by Governor Thomas Meskill.

r. Augustus A. White, assistant professor of orthopedic surgery, has been elected to the Board of Trustees of Brown University. He is a 1957 graduate of Brown.

r. Theodore Lidz, professor of psychiatry, on leave of absence during the second semester of the past academic year, was a visiting professor at the University of Auckland Medical School in New Zealand. He and his wife, Dr. Ruth Lidz, associate clinical professor of psychiatry, also taught at the medical school in Dunedin. During their trip to the South Pacific they visited the Fiji Islands and the Solomon Islands. In August Dr. Theodore Lidz presented a paper at a special Congress on Schizophrenia in Turku, Finland.

He Francis Gilman Blake Award for 1971 was presented to Dr. Howard M. Spiro, professor of medicine. This award is given annually to that member of the medical faculty designated by the senior class to be the most outstanding teacher of the medical sciences. In March Dr. Spiro delivered the second annual Chaikin Lecture at New York Medical College and that same month was professor *pro tempore* at Emory University School of Medicine in Atlanta.

New Books by Faculty

"American Medicine and the Public Interest," by Rosemary Stevens, Ph.D., assistant professor of public health. The author describes the development of the medical profession in the United States and traces the interconnections and cross influences of professional, social and legislative developments in health, and includes an analysis of future implications.

"Modern Psychiatric Treatment," by Thomas P. Detre, M.D., professor of psychiatry, and Henry G. Jarecki, M.D., assistant clinical professor of psychiatry, could be called a textbook of present-day biologically oriented psychiatry, not only discusses treatment, but also the disorders that require treatment. Stressing biologic approaches, it contains a supplementary chapter on classification of psychotropic drugs and appendixes primarily devoted to listing pharmacologic agents used in psychiatry.

John Rodman Paul, M.D.

John Rodman Paul, professor emeritus of epidemiology and preventive medicine, who died on May 6, 1971, had served on the Yale faculty from 1928 until his retirement in 1961 when he stayed on with the Yale community for 5 more years to head the WHO serum bank. A graduate of Princeton in 1915 and the Johns Hopkins School of Medicine in 1919, he came to Yale after 6 years as director of the Ayer Clinical Laboratories of the Pennsylvania Hospital where he developed his skills in pathology and bacteriology. Soon after his arrival at Yale, he began his now classic family studies on rheumatic fever while in Dr. Francis Blake's Department of Medicine. In this work he brought together his distinctive talents as clinician, laboratory worker and epidemiologist to form a new discipline which he termed "clinical epidemiology" and defined as "a new science, concerned with the circumstances under which disease is prone to develop." Not only did this approach shed valuable light on the environmental and social factors that contribute to the pathogenesis of rheumatic fever but it also strongly supported the role of the hemolytic streptococcus in producing the disease. This broad concept of illness was to bear fruit again in his studies of infectious hepatitis, infectious mononucleosis, and especially in his world-famous work on poliomyelitis.

In the early 1930's, with his close friend and collaborator, Dr. James Trask, Dr. Paul founded the Yale Poliomyelitis Study Unit; in 1938 the two investigators received the first research grant awarded by the National Foundation for Infantile Paralysis. With the help of a long line of distinguished colleagues at Yale in the Section of Preventive Medicine which Dr. Paul headed beginning in 1940, these studies made many of the fundamental contributions to our understanding of this disease on which the subsequent successful immunization programs were based. His book *A History of Poliomyelitis*, published this past spring by the Yale University Press, is a moving testament to the work and vision of the many investigators throughout the world in this field.

Dr. Paul's persistence, imagination and skill as a clinical epidemiologist is known to the world—through his extensive professional travels and numerous distinguished



publications. Despite his many honors—the latest being the Kober Medal of the Association of American Physicians which was presented to him by Dr. Paul Beeson in 1963—his native modesty survived unscathed. What his friends and colleagues at Yale have been privileged to know were his qualities as a man. Armed with a quiet zest and a pocketful of hobbies that stretched from Aves to Zonis, he was courteous and reserved on the surface but warm, delightful and gracious beneath and had a generosity of spirit and adventurousness of mind few have commanded. There is an old pre-Socratic saying that "Character is Man's Destiny." Dr. Paul richly fulfilled that vision—as a physician and teacher, as a scientist and, most of all, as a person.

The Yale medical community will deeply miss this presence that so enriched their lives. Dr. Paul is survived by his wife, Leita, to whom he was married in 1922 and his four brothers and two sisters.

E. A.

Denis S. O'Connor, M.D.

Denis S. O'Connor, clinical professor emeritus of orthopedic surgery, died in Biddeford, Maine, on May 29, 1971. He was 77 years of age.

After completing his undergraduate studies at the University of Maine and Bowdoin College, he received his M.D. degree in 1919 from the Bowdoin Medical College. He interned at the Waterbury Hospital and then became assistant to Dr. A. A. Crane in the practice of industrial surgery in Waterbury, Connecticut. In 1924 he went to Boston for graduate study and served as a resident in orthopedic surgery at the Massachusetts General Hospital, Children's Hospital, and the Hospital School for Crippled Children.

Dr. O'Connor returned to private practice in Waterbury but in 1928 joined the Yale medical faculty. He was an instructor and later an assistant professor of orthopedic surgery. In 1933 he resumed private practice in New Haven but continued his association with the Yale School of Medicine as an assistant and later associate clinical professor. He served as a loyal and dedicated member of the part-time clinical faculty until his retirement with the rank of clinical professor in 1962.

During World War II he served with distinction as a medical officer in the U.S. Navy. He was with a mobile hospital unit in the South Pacific and later became assistant executive officer and head of the rehabilitation program at the U.S. Naval Hospital in Sampson, New York. Following discharge from active duty he was a captain in the Naval Reserve.

Dr. O'Connor was active in numerous state and national medical societies. He was a fellow of the Academy of Orthopedic Surgery and of the American College of Surgeons. He was on the staffs of the Grace Hospital, Grace-New Haven Community Hospital, Yale-New Haven Hospital, and the Hospital of St. Raphael. He also served as a Consultant in orthopedic surgery to a number of Connecticut hospitals.

Dr. O'Connor leaves his wife, the former Lillian Hodson, and two sisters.



Seymour L. Lustman, M.D., Ph.D.

Seymour L. Lustman, professor at the Yale Child Study Center and Department of Psychiatry, and recently appointed master of Davenport College, died in a tragic sailing accident on August 5, 1971. A graduate of Northwestern University in 1941, he served in the military forces as a clinical psychologist. After World War II he resumed his academic career, receiving doctoral training in psychology at the University of Chicago (1949) and in medicine at the University of Illinois (1954). Dr. Lustman was a brilliant behavioral scientist, known nationally and internationally for his psychoanalytic and psychosomatic research, as well as for his gifted clinical and theoretical teaching. He was a compassionate master clinician and therapist of children, youth and adults.

Beginning his career at Yale University in 1955 as a Commonwealth fellow in psychiatry, he completed his training in general and child psychiatry at Yale and his psychoanalytic training at the Western New England Institute for Psychoanalysis. His talents as a clinical teacher, theoretician and investigator were acknowledged when he was appointed to full professorial rank in 1964. A training and supervising psychoanalyst at the Western New England Institute for Psychoanalysis, he had recently completed two years as president of the Western New England Psychoanalytic Society and had become a senior editor of *The Psychoanalytic Study of the Child*, councilor-at-large of the American Psychoanalytic Association, and the chairman of Task Force IV on Prevention, Rehabilitation, Research, and Manpower of the Joint Com-

mission on Mental Health of Children. He was at the height of his scientific career, with a leading role on the editorial boards of many distinguished journals and in many scientific and professional organizations.

His standards of excellence for himself and colleagues were challenging, inspiring and at times taxing. His scientific interests embraced biological and social sciences, and he often searched for a productive reconciliation of contradictory or ambiguous concepts, always maintaining a balance between deductive logical analysis and intuitive understanding. His early involvement in painting could be seen in his therapeutic work with children as well as in his more strictly aesthetic interests which ranged from pre-Columbian sculpture to contemporary painting.

One cannot think of Seymour Lustman without remembering his warmth, clever wit and infectious humor. His love for the young was a passionate quality of his life and was a taproot of his dedication to child psychiatry. His statesmanship was sought throughout the University, but he had a special fondness for the Child Study Center, the School of Medicine, and Davenport College. He will be remembered for his gifted teaching and counseling of students and faculty, for his many contributions to Yale for which he developed an abiding attachment and deep affection, and for his germinal contributions to child psychiatry, psychoanalysis, the behavioral sciences and medical education.

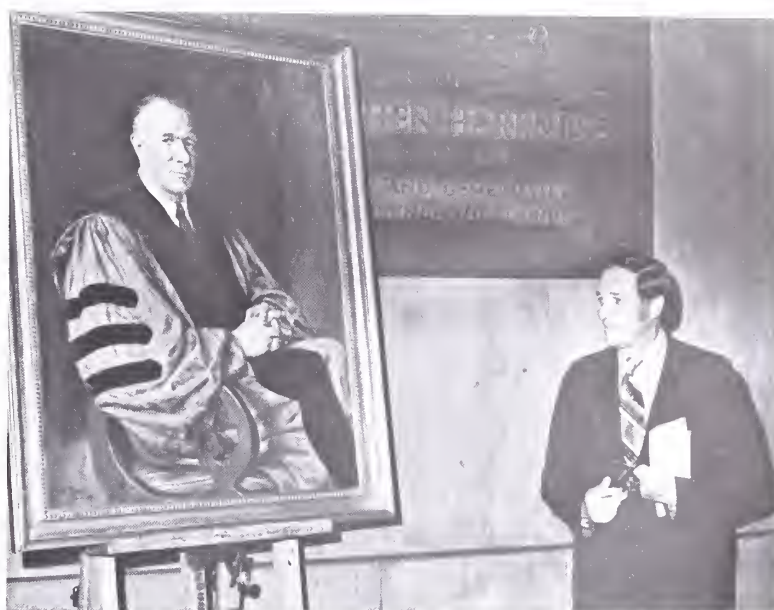
Dr. Lustman was married to Katharine Ritman, co-director of the Nursery School at the Yale Child Study Center and acting master of Davenport College. He is also survived by his son, Jeffrey, daughter and son-in-law, Susan and Jonathan Katz, and his mother and sister. He was deeply attached to his family and friends. He will be sorely missed as a vital friend, a scholarly colleague, and a gifted therapist.

A. J. S.

medical and public health graduates and former house staff gathered at the School on May 22 to meet with friends and classmates and to enjoy the annual Medical Alumni Day activities. The strike of Yale service employees necessitated several last minute changes. The traditional buffet luncheon at Edward S. Harkness Hall unfortunately had to be cancelled, there were no tables with umbrellas on the terrace, and the social hour was self-service; however, the make-shift arrangements did not seem to dampen alumni enthusiasm. A highlight of the day's activities was the unveiling of a portrait of Dr. Vernon Lippard, dean of the School from 1952 to 1967. Following remarks by Dean Redlich, the portrait was presented by Dr. Morton I. Kligerman for the portrait committee and was accepted on behalf of the University by Reuben A. Holden, secretary of the Yale Corporation. Dr. Lippard was then called upon and spoke briefly expressing his appreciation. A gift of the faculty of the School of Medicine, colleagues and friends, the painting was done by Pietro Pezzati of Boston. The artist was presented by Dr. William Gardner, chairman of the portrait committee.

The guest speaker during the afternoon program was Dr. Robert J. Glaser of The Commonwealth Fund; he delivered an interesting and timely talk on problems of medicine and medical education in the 1970's. This was preceded by the annual meeting of the Association of Yale Alumni in Medicine; Dr. George Carden presided. During a short business session the proposed constitutional amendments which had been mailed to all members were adopted by unanimous vote of those present. The following officers for 1971-1973 were then elected: Malvin F. White ('39) of Chestnut Hill, Massachusetts as president; John B. Ogilvie ('34) of Stamford, Connecticut as vice-president; and Courtney C. Bishop ('30) of New Haven as secretary. Newly elected members of the executive committee are: Lycurgus M. Davey ('43) of New Haven; Kathleen H. Howe (MPH '46) of New Haven; Sidney S. Lee ('50) of Boston; Kenneth C. Steele ('45) of Utica, New York; John L. Sullivan ('51) of Bridgeport, Connecticut; and Andrew S. Wong ('51) of New Haven.

After giving a concise report on major events at the School during the past year, Dean Redlich presented Dr. Carden with a certificate from Yale in grateful recognition



tion of his devoted service as president of the Association of Yale Alumni in Medicine during 1969-1971. This was followed by a report from the chairman of the Medical School Alumni Fund, Dr. Myron Wegman. At the suggestion of many who were present, an extract from his report is included below.

"My greatest concern is the falling off in numbers of contributors. In 1967-68, 70% of all medical school alumni took part in the Annual Giving. In 1969-70 the figure dropped to 62% and so far this year our percentage is only 51%, a serious drop. As of May 20, furthermore, 458 persons who had given in previous years have not contributed so far this year.

"What is clearly disturbing is that a substantial number of graduates have, in the vernacular, been 'turned off' by what has been happening at Yale. The sources of this disenchantment appear to be student and faculty actions and words, not always temperate, attacking our present order, and insistent pressure for change. It is not difficult for those in our generation to appreciate the disquiet caused by the form and direction of the protest. Yet I would remind you that one of the great glories of Yale has been its tradition as a center of controversy, a birthplace for new ideas which can be examined critically. It is the very heart of a university, I submit, to be able to test out new ideas, even those apparently unacceptable at first blush, for this is the ferment that may, in the short or long run,

lead to concepts which will advance mankind.

"I remind you further that when many of us came to Yale Medical School in the 1920's and 1930's it was a radical institution, heavily criticized by professionals and lay people for undertaking such changes as abolition of examinations in course, permitting students to make their own decisions about attendance, promoting innovation and independence in preclinical-clinical relationships, in developing new ideas in human relations. What goes on today, in my view, is consistent with what most of us are proud of, even if we have difficulty in understanding the particular context and frame of reference of the current moment.

"John Steinbeck said it well in *Travels with Charley*. 'It is the nature of man, as he grows older, to protest against change. The sad ones are those who waste their energy trying to hold it back for they can feel only bitterness in loss and no joy in gain.'

"I believe that Yale must not be afraid to be different. Future generations will thank us."

1926

Maxwell Bogin, class secretary, reported on the reunion:

"The class of 1926 celebrated its 45th reunion on May 22nd. Attending were Dr. and Mrs. **Joseph Matteis** of New Britain, Dr. and Mrs. **Reuben E. Thalberg** of Southington, **Dr. Elizabeth R. Harrison** of New Haven and your secretary. Because of the relatively few members of the class who could attend, it was decided to augment with adjunct members and Reub Thalberg's Dalmatian was voted this status since he patiently waited in their parked car outside the restaurant while the full members enjoyed more cocktails and dinner. It was a delightful evening, encompassing good food, good cheer, reminiscences and story telling. A vote of thanks is given to Betsy Harrison who made the dinner arrangements. Oh Yes! The site of the gathering will not be revealed. If interested, watch for the announcement of the 50th reunion."

1928

Sheldon Jacobson is the author of an historical adventure novel entitled *Fleet Surgeon to Pharaoh* which was published by the Oregon State University Press last May. It is most unusual for a university press to handle a novel; however, in this case the editorial board was influenced by the author's great knowledge of the history of medicine and ancient cultures as well as by his persuasive pen. This is his second novel, and it is said that a third is now in his typewriter. Since 1950 Dr. Jacobson has been a pathologist at the Veterans Administration Hospital in Vancouver, Washington; he is an associate clinical professor of pathology at the University of Oregon Medical School where he teaches bone pathology and runs the bone tumor registry. His book entitled *Comparative Pathology of the Tumors of Bone* will be published by Charles C Thomas.

1929

Russell Scobie spoke at the International Pediatric Congress in Vienna, Austria in September. His paper was entitled "Water Fluoridation—a Survey of the International Status." Dr. Scobie had previously presented the Newburgh, New York experience with water fluoridation to the 1965 International Pediatric Congress in Tokyo and also participated in the congress in Bogota, Colombia in July 1970.

1931

Michael D'Amico, who served as dinner chairman for the class' 40th reunion sent the following comments:

"1931-1971, our 40th reunion. It is inconceivable that the 'sands of time' has precipitated so rapidly through that narrow opening of the hour glass. However, in spite of the change of hair color and a few wrinkles, the 'ole spirit' was still effervescent and very much aflame. The main topics of conversation were about group practice, coming retirement and, inevitably, our grandchildren. We were able to get in several hours of reminiscing during the sherry hour, lunch and cocktail hour. The reuniting classmates were: **Benjamin** and Mrs. **Castleman**, **Clarence** and Mrs. **Cole**, **Abraham** and Mrs. **Schechter**, **Nelson** and Mrs. **Newmark**, **Max** and Mrs. **Taffel** and **Michael D'Amico**. We had hoped to have **Dana Blanchard**, **Helen Gilmore** and **Philip LaFrance**, but, better luck next time. The dinner was held at the Tivoli Restaurant where the excellent food and finer conviviality made the evening a very memorable one. At the conclusion, all expressed the desire to repeat the same performance for our next reunion in five years."

1934

Lucien Pascucci is currently serving as president of the Oklahoma State Medical Association. Dr. Pascucci practices radiology in Tulsa.

1936

Philip LeCompte, class secretary, wrote as follows regarding the May reunion:

"The class of '36M had a small but congenial dinner at the pleasant Sanford Barn, near New Haven. Our invaluable local arranger, **Nick D'Esopo** was there with his wife Anne and her teen-age daughter. Nick is still at West Haven V.A. Hospital, and was about to take off for Colombia to give one (or two?) papers at an international T.B. meeting. The faithful **Steve Nagyfy** and his wife, who *always* come, were there. Steve is still in Binghamton, N.Y., with the excellent health care plan originally set up by Endicott-Johnson Shoe Company. **Ed Sullivan** came all the way from St. Maries, Idaho, where he is in general practice with several others in the St. Joe Valley Clinic, and likes it, especially since he has some time for his ranch, where he raises not only Arabian horses but sheep and cattle. Ed brought his sister, Pat Kober, of Wilbra-

ham, Massachusetts, widow of **Bill Kober**, Yale '38M. **Hannibal Hamlin**, our ever-eager Alumni Fund Agent, appeared sans wife (she was involved in saving old buildings in Providence). 'Ham' is still practicing neurosurgery there and commuting twice weekly to the Mass. General in Boston. And lastly, your scribe, still pathologist at Faulkner Hospital in Boston and due to retire next year, was there with wife Jean."

1937

Robert Horn, chairman of the Department of Pathology at Henry Ford Hospital in Detroit was elected vice-president of the College of American Pathologists in October. Dr. Horn is clinical professor of pathology at the University of Michigan Medical School and adjunct professor of pathology at Wayne State University College of Medicine.

1940

Paul MacLean, chief of the Section on Limbic Integration and Behavior in the National Institute of Mental Health Laboratory of Neurophysiology, received a special award from the American Psychopathological Association this past spring. The award was made in recognition of Dr. MacLean's scientific contribution to the field of brain function and sexual behavior.

Francis Sommer of Barbourville, Kentucky, was elected president of the Flying Physicians Association at their annual meeting in September 1970. Dr. Sommer, a fellow of the American College of Surgeons, practices general surgery and is a professor of anatomy and physiology at Union College in Barbourville. He is the author of many articles on flying and a booklet on the engineering details and maximum cruise range requirements for small aircraft involved in long range flight.

1941

The class reunion is described below by **Charles Cheney**, who served as dinner chairman for the event:

"Eleven men, most of them with wives, attended the 1941 Medical Reunion. Present were **Barbour**, **Bell**, **Carey**, **Cheney**, **Duncan**, **Fenton**, **Kenney**, **Lasell**, **Ollayos**, **O'Connell** and **Parrella**.

Sid Lasell's daughter, Ruth, is a member of the third-year class at the Medical School.

Following luncheon at the Hospital and an afternoon program at the Medical School, the group went to the New Haven Lawn Club to attend the Class Dinner. At the dinner Bob Ollayos was unanimously elected Class Secretary to succeed the late **Forace Gardner**. Charlie Cheney will continue as Class Agent for the Alumni Fund and as Reunion Chairman. The high point of the evening was the showing of Paul Barbour's movies of our medical school days."

1943 (March)

Lucycurgus Davey is currently serving as president of the medical staff of the Yale-New Haven Hospital.

Morris Wessel was appointed a member of the Board of the Child Welfare League of America this past spring. He has served for three years and will continue to serve as liaison representative of the American Academy of Pediatrics to the Child Welfare League. Dr. Wessel is also vice-president and president-elect of the New England Pediatric Society.

1944

Anthony Varjabedian has been appointed an assistant clinical professor in the Tufts University School of Medicine Department of Psychiatry. Dr. Varjabedian, who entered private practice in 1954, maintains an office at 76 Elm Street in Worcester, Massachusetts and since 1970 has been chief of psychiatry at St. Vincent Hospital in Worcester.

1945

Charles Lowe received the 1971 Clifford G. Grulee Award for outstanding service to the American Academy of Pediatrics at the Academy's annual meeting in October. Dr. Lowe, who is currently scientific director of the National Institute of Child Health and Human Development, was honored for his 14 years of service with the AAP Committee on Nutrition and particularly for his contributions as chairman of this committee during 1963-1969.

1946

The following account of the class reunion was received from **James Kleeman**, who handled the local arrangements:

"Our 25th Class Reunion Dinner was a howling success. Jim Kleeman arranged for the dinner to be at the New Haven Lawn Club where 19 people gathered and had a

quiet but enthusiastic time together. **Sandy Bluestein** had come up from New Jersey for the activities at the School but didn't stay for dinner. **Frank** and **Margaret Behrle** came from Jersey City where Frank is Professor of Pediatrics in the College of Medicine and Dentistry. **Tom** and **Harriet Doe** took time from his Pediatric practice in Springfield, Mass. to join the dinner. **EmmaSue** and **Eli Wing** came from Providence where Eli practices Internal Medicine. Pediatrician **Tom Murphy** and his wife **Muriel** were there from Brockton, Mass.; Tom was the official photographer and took many pictures of the group which we are all looking forward to seeing. **Julie** and **Gladys Sachs** were down from Avon where they have just moved. Julie has given up general practice to assume full-time duties as the head of the emergency room of the New Britain Hospital. **Jim** and **Joan Kleeman** traveled all the way from Bethany, Conn. Jim practices psychiatry and psychoanalysis in Bethany in an office his architect-wife designed. He teaches in the Psychiatry Department of our Alma Mater and also raises cattle and ponies in Bethany. The real heroes were those who came from great distances. **Charlie Judd** joined us from Hawaii where he practices general surgery, teaches at the University of Hawaii Medical School, and has been doing special work in the history of medicine. **Greg** and **Peg Flynn** came from Atlanta where Greg continues to practice ophthalmology. By popular acclaim he has accepted the Chairmanship to organize our 30th Reunion.

Tom Mathieu came from Yakima, Washington, where he practices urology. **Phil** and **Virginia Roth** also now live in Yakima. Phil has switched to psychiatry, has completed his residency in that specialty and has begun his practice in Yakima. **Betsy Reilly**, an old class friend and **Frank's** widow, is working as a public health nurse in Greenwich and was a welcome part of our dinner group. Both **Don Shedd** and **Marty Gordon** sent telegrams regretting their absence because of graduations they were attending. **Gerry Yudkin** and **Bert Filer** also sent their best by phone but had to be among the absent ones. Let's all do better and try harder for our 30th."

1948

Gerald Nowlis has been appointed a medical consultant to the H. T. Buckner Rehabilitation Center which is operated by the State of Washington Department of Labor and Industries in Seattle. Dr. Nowlis, a neurologist and neurosurgeon, who has been in private practice in Seattle for the past 14 years, will apply advanced techniques in rehabilitative medicine to the complex problems experienced by many industrially injured workers.

Ruth Cortell has been named associate medical director of Metropolitan Life Insurance Company's employee health conservation division. She joined Metropolitan Life in 1962 as a part-time physician in employee health conservation and became a staff physician four years later. In 1967 she was appointed assistant medical director. She also serves as a clinical assistant physician at Bellevue Hospital, as well as an instructor in clinical medicine at New York University School of Medicine.

1949

Dan Elliott has been named professor of surgery at the University of Pittsburgh School of Medicine; he will serve as chief of surgery at the Oakland Veterans Administration Hospital. He has been associated with the Western Pennsylvania Hospital as chief of surgery since 1965. Dr. Elliott currently serves as an editor of the *American Journal of Surgery* and the *American Surgeon*.

1952

Robert Zeppa is now chairman of the Department of Surgery at the University of Miami School of Medicine. He has been professor of surgery and co-chairman of this department since 1966.

1955

Edward Coppola has been appointed the first chairman of the new Department of Surgery at Michigan State University in Lansing. He was formerly associate professor of surgery at Hahnemann Medical College in Philadelphia.

Myron Walzak has been appointed head of the newly created Department of Urology at Creighton University School of Medicine in Omaha. Prior to his move to Nebraska he was an associate professor of urology at the University of Virginia.



Class of 1961

cal Branch in Galveston.

Robert Grummon has entered practice of general and colo-rectal surgery in Houston, Texas. His office is at 1506 St. Joseph Professional Building. Dr. Grummon is a diplomate of the American Board of Surgery.

1965

David Molloy sent the following message in April: "I am completing my residency in OB-GYN at the University of Miami on 1 July. I'll be moving to the Virgin Islands the first week in July, hoping to find a lot of protruding abdomens waiting for me." Dr. Molloy is located at St. Thomas in the U.S. Virgin Islands.

1966

Eli Newberger, during the past two years, has been both resident in medicine at the Children's Hospital in Boston and a student in epidemiology at the Harvard School of Public Health. Next June he will finish his clinical pediatric training with emphasis in child development and in social illness of children and will also have completed requirements for his epidemiology degree. He is currently serving on the Massachusetts Governor's Advisory Committee on Child Abuse as the chairman of the Subcommittee on Services.

Richard Yules has opened his office at 470 Pleasant Street, Worcester, Massachusetts for practice of ear, nose, throat, facial plastic, and head and neck tumor surgery.

1967

John Northup was married to Mildred Alice Pasker at Dahlgren Chapel of Georgetown University in Washington, D.C., on June 5.

Helen Smits was the subject of an article in the June 14 issue of *The New York Times*. It reported, "Dr. Smits is chief resident in medicine at the University of Pennsylvania Hospital, where she is in charge of 26 interns, two first-year residents and 15 second-year residents—all men." She was the first woman chief resident in the hospital's 100-year history.

Peter Zeman completed his psychiatric residency at the Institute of Living in Hartford this past June and is now serving as a psychiatrist in the Navy Medical Corps. He is stationed at the Naval Hospital in Philadelphia.

1956

Marie-Louise Johnson is now on the faculty of the Dartmouth Medical School as an associate professor of medicine and is also directing the Division of Continuing Medical Education.

1957

Calvin Bigler has been appointed an assistant clinical professor of surgery on the volunteer faculty of the University of Colorado School of Medicine. Dr. Bigler, a diplomate of the American Board of Surgery who is practicing in Garden City, Kansas, goes to Colorado each month to assist in the instruction of medical students, interns, and residents at Denver General Hospital.

1959

James O'Neill was appointed professor of pediatric surgery, head of the Division of Pediatric Surgery, and associate professor of pediatrics at Vanderbilt University School of Medicine effective July 1, 1971.

1961

Larry Perlman, class secretary, writes:

"Four internists, four psychiatrists, two surgeons, one obstetrician-gynecologist, one radiologist, a pediatrician and an anesthesiologist celebrated our Class Tenth Reunion happening (graciously arranged by Florence and **Phil Felig**) at Mory's with eating, drinking, backslapping, poll-taking, toasting, handshaking, photographer haggling and looking at pictures of my kids that my wife brought. The group, 93% married (evenly divided between city dwellers, small towners and suburbanites) had an average of 2.3 children (69% boys), was made up of a majority of homeowners

(73%) and private practitioners (78%) who intended to vote Democratic (70%) in the last election, if they voted at all. Half of the group earns between \$25 and \$50 thousand and nearly all noted sex as their favorite pastime. After the dinner, a saving remnant repaired to my room at the Park Plaza for a few more hours of *gemütlichkeit* before leaving to await the next blast five years hence. Those reunion-goers surveyed in the Perlman Poll were **Wayne Downey, Phil Felig, Larry Chiaramonte, Dave Brook, Warren Widmann, Bob Livingston, Earl Baker, George Lordi, John Pearce, Roy Ronke, Norm Moss, Roy Hudson, Joe Jasaitis**, and myself. I hope to see more members of the Class in 1976 when the U.S. celebrates its 200th birthday, our class its 15th reunion, my son his Bar Mitzvah and my in-laws their 40th anniversary (perhaps we can combine all four in one big gigantic party in my room at the Park Plaza.)"

1962

Dean Burget has been appointed chief of the newly created Division of Plastic and Reconstructive Surgery at Hahnemann Medical College in Philadelphia. He was previously at Temple University School of Medicine where he completed his residency in plastic surgery. The Burgets and their three children have recently moved into a new home, a 212-year-old farm in the Valley Forge area.

1963

Miguel Alonso completed a two-year tour of duty in the Air Force stationed at Lackland Air Force Base in Texas in July 1971 and is now an assistant professor of otolaryngology at the University of Texas Medi-

168

Harry Holcomb is now serving in the Navy. After going on active duty in July 1970 he had six months of flight surgeon training at Pensacola. He then volunteered for the Navy's Operation Deep Freeze and is currently in Antarctica as the chief medical officer on the ice, located at the McMurdo Sound station.

Henry Panek has had an interesting career in the Navy since leaving Yale. After completing his internship at the Naval Hospital in Philadelphia, he attended the School of Submarine Medicine in Groton, Connecticut, for a six-month course in occupational medicine and radiation health and then served as medical officer aboard a Polaris submarine for a year. He is presently working in Washington, D.C., at the Navy's Bureau of Medicine and Surgery in the Section of Submarine and Diving Medical Research. Dr. Panek plans to begin residency training in ophthalmology at the Bethesda Naval Hospital in July 1972.

1970

Anne Curtis was selected in March to receive the 1971 Samuel D. Kushlan Award given annually to the intern who is judged to have contributed the most to patient care during assignment to the Memorial Unit Medical Service at Yale-New Haven Hospital. Selection for this award, which was inaugurated in 1969, is made in consultation with the clinical faculty and the nursing service. Dr. Curtis is currently serving as a first-year assistant resident.

House Staff

1946

John McGovern of Houston, Texas, received the first Distinguished Award of Merit at the Annual Congress of the American College of Allergists in March. This highest award of the college, presented for extraordinary and meritorious contributions in the field of allergy, was presented for the first time this year.

1967

Philip DiSaia was presented the President's Award of the American College of Obstetrics and Gynecology in May. His scientific paper, "A Study of Cell-Mediated Immunity in Two Gynecologic Tumors," was selected as the best presentation made at any of the college's district meetings during the

prior year. Dr. DiSaia is a senior fellow in gynecologic oncology at the University of Texas M. D. Anderson Hospital and Tumor Institute in Houston.

1968

George Westlake, director of Clinical Laboratories at Children's Hospital and Adult Medical Center in San Francisco, is co-editor of a new reference manual, *Automation and Management in the Clinical Laboratory*, to be published by University Park Press of Baltimore in January 1972.

1969

Gerald R. Harpel is currently a third year medical student at Boston University and an instructor in epidemiology in the Department of Community Medicine at Boston University School of Medicine. He is also acting as a consultant to the Institute for Law and Health Sciences at Boston University Law School in their seminar on national health insurance.

1970

Ronald Gomes is working in the Boston Regional Office of the U.S. Public Health Service in the Health Maintenance Organization Development Program where he is a health services consultant.

Public Health

1922

Albert F. Dolloff, formerly a member of the faculty of Daytona Beach Junior College, has retired from professional activities and is enjoying his "golden" years in Daytona Beach, Florida. He recently had served as a visiting professor in biology at Stetson University.

1936

A recent appointee to the National Advisory Health Council is **M. Allen Pond**, associate dean, University of Pittsburgh Graduate School of Public Health. He is formerly an assistant surgeon general, United States Public Health Service. In addition to other duties, Dean Pond serves as a part-time consultant to Elliott Richardson, Secretary of Health, Education and Welfare.

1939

Frances S. Miller has been named director, Program for Parents, San Francisco Community College District. This is an innovative program to provide lifelong learning

opportunities for persons who take their parenting seriously.

1940

Hugh R. Leavell, M.D., is working as consultant to a Study of National Voluntary Health Agencies in 30-40 different countries in all the major regions. It is a three year project which started about a year ago. It is financed by AID and the Milbank Fund and is sponsored by the American Public Health Association and the World Federation of Public Health Associations, of which he is executive secretary. Also, Dr. Leavell is a consultant at the Virginia State Health Department, Office of Comprehensive Health Planning, which has just produced a report "Health Services for Rural Virginians."

1943

Eric W. Mood, associate professor of public health (environmental health) Yale University School of Medicine, was awarded an honorary Doctor of Laws degree by Upsala College during the 1971 commencement exercise. The citation gave recognition, among other things, to his "contributions to public and environmental health, particularly in matters of national and international importance." Immediately following the ceremonies, Professor Mood left for Geneva, Switzerland, where he was elected chairman of the World Health Organization's Scientific Group on the Development of Environmental Health Criteria for Metropolitan Planning and Development.

1945

Ann W. Haynes retired a few years ago from her post as chief, Bureau of Health Education, California State Department of Public Health, but has been active in other ways. She is a part-time faculty member of the University of California-Berkeley School of Public Health and has held several short term consultantships.

1946

On October 1, 1971, **Hiram Sibley** was named the first professor of health administration, at the recently established School of Public Health, University of Illinois. He was appointed also as director of the Center for Studies of Patient Care and Community Health, an integral unit of the School.

1947

Sidney S. Chipman, M.D., retired from the University of North Carolina, where he was a clinical professor of pediatrics and chief of maternal and child health. For the 1971-1972 academic year, he is a visiting professor of maternal and child health at the School of Public Health, University of Michigan.

1948

Samuel S. Herman, D.D.S., has been named associate vice president for research and associate dean of Graduate School, Health Sciences Center, Temple University, following his retirement from the United States Public Health Service. In January, he received a meritorious service award for his years of leadership in the Public Health Service.

1949

John Lamb received the 1971 Outstanding Alumnus Award from East Tennessee State University, the college from which he graduated in 1937. Noteworthy among his many achievements are the roles he played in helping to acquire university status for East Tennessee State in 1963 and the development of its College of Health. Dean Lamb is a member of the American Public Health Association, the International Union for Health Education of the Public, the American School Health Association, and the Society of Public Health Educators.

1950

Constance Austin Bean has just completed the manuscript of a book which will be published in the summer of 1972 by Doubleday and Co. It is entitled *Methods of Childbirth: A Complete Guide to Childbirth Classes and the New Maternity Care*.

Helen P. Cleary has been awarded a Doctor of Science degree from Harvard University and has been named coordinator, Regional Medical Program for Rhode Island. Dr. Cleary is also a lecturer on health education, Harvard University School of Public Health.

1951

Emi T. Ogi, is continuing in the field of public health nursing as the general supervisor of the division of nursing, Columbus Health Department, Columbus, Ohio, but has expanded her work to include the deaf. Mrs. Ogi has been involved in such activities as deaf-singing.

James M. A. Weiss, M.D., professor and chairman of the department of psychiatry at the University of Missouri-Columbia School of Medicine, has been elected a foundation fellow of the Royal College of Psychiatrists. Dr. Weiss is one of a limited number of overseas fellows who serve as governors and examiners for the Royal College, evaluating new programs in psychiatric education and practice in Great Britain and elsewhere. He is the 1971-72 president of the Association of Professors of Psychiatry West of the Mississippi.

1952

H. Eileen MacHenry has been elected president of the Maui Nurses Association, Hawaii. Miss MacHenry is the director of nursing services, Maui Land and Pineapple Company, and is completing her twenty-second year of employment with the company. She is a member of Hawaii State Board of Nursing.

1955

Amy L. Cawley has become associated with the Department of Nursing, Western Kentucky University, and has been named assistant professor for community mental health.

1957

Named as one of the initial twelve members of the newly formed American Board for Certification of Occupational Health Nurses is **Edna May Klutas**. The board is currently developing criteria, procedures, etc. for issuing certificates to nurses qualified by skill, education and experience in occupational health nursing. Miss Klutas is a consulting nurse, occupational health with the Army Environmental Hygiene Agency, Aberdeen Proving Grounds, Maryland.

1958

Jack Philip Keeve, M.D., has just completed a two-year tour of duty as population program officer in the Philippines with the United States Agency for International

Development and currently is stationed in Washington, D.C., where he is serving as the regional health sciences administrator, Latin American Region: Population/Community Development Office, USAID.

1960

Richard H. Schlesinger has just completed a year's term of office as the first chairman of the American Public Health Association's new section on Community Health Planning. He is the executive vice-president, Areawide and Local Planning for Health Action, Syracuse, New York, and associate professor of administrative medicine, State University of New York Upstate Medical Center.

1962

A. Kay Keiser is now president of Health Care Dynamics (Cambridge, Mass.), a firm she designed to provide consulting services to persons in the health care delivery system. Dr. Keiser reports this news for the benefit of her classmates who believed that she would never sever the academic umbilical cord. Beyond the pale of academic protection, Dr. Keiser is now using her experience gained at the Harvard Community Health Plan to provide consultation services to individuals, groups, or organizations interested in establishing prepaid group practice plans.

Lt. Col. T. R. Mayhugh recently returned to the United States after a four year tour in the Office of the Surgeon, Headquarters United States Air Forces in Europe, Wiesbaden, Germany. He is now associate administrator, Programs, at the Wilford Hall USAF Medical Center, Lackland Air Force Base, San Antonio, Texas.

behalf of the Vice-Chairmen, the Class Agents, the Regional Chairmen and all of the workers for the Yale Medical School Alumni Fund, I present the following report with considerable pride, plus a twinge of disappointment. In the first place, our overall results reflect an increase of 50 per cent over last year! Analysis shows the increase to be made up of several factors: 1. a satisfying rise in average size of gift; 2. a larger amount from parents including a second most generous gift from the parents of a 1970 graduate; 3. addition of hospital house staff not themselves Yale graduates. For all of these, we are most grateful and hope to do even better next year. The disappointment comes in the fact that both the percentage of graduates and the actual number of contributors decreased. Obviously, there are many reasons why a person may stop contributing but enough letters were received suggesting happiness with "what is going on at Yale," that I was moved to address myself directly to you when I presented my oral report to the Annual Meeting of Yale Alumni in Medicine. My remarks received sufficiently warm response from those in attendance that an extract is printed elsewhere in this journal. My purpose in mentioning it here is simply to reiterate that, in my opinion, what the Yale Medical School gave us was unique in medical education and that that uniqueness can be maintained and enhanced to the extent that we alumni can show our material as well as moral support. It is a human goal to want to do better. As we take pleasure in what was accomplished last year, we hope that next year will witness still a new record. We ask your help.

Myron E. Wegman, '32, Chairman

Campaign Results July 1, 1970- June 30, 1971

Total amount received	\$113,177
Alumni—MD	85,343
Public Health alumni	2,761
House staff alumni	1,120
Parents	23,768
AMA—ERF	1,717
Number of contributors	1,905
Alumni—MD	1,635
Public Health alumni	144
House staff alumni	54
Parents	99
AMA—ERF	82
Percent of participation	59.3%

Leading classes 1970-1971

Class agent	amount
1935 James Haralambie	\$8,369
1946 Julian Sachs	5,665
1930 J. Edward Flynn	4,309
1944 Nicholas Spinelli	3,052
1947 Ellis Van Slyck	2,640

Class Agent	% Participation
1967 James Dowaliby II	86%
1921 Barnett Greenhouse	78%
1960 Thomas Kugelman	75%
1944 Nicholas Spinelli	73%
1947 Ellis Van Slyck	71%

Leading Regions 70-71

Region	% Participation
<u>Chairman</u>	
Washington, D.C. 1963-66	94%
Muriel D. Wolf '59	
New Haven 1930-39	88%
Paul Laviertes '30	
Hartford 1928-36	86%
Daniel Harvey '33	
New Haven 1956-59	85%
Robert Glass '57	
New Haven 1920-29	83%
Clement Batelli '28	
San Bernardino—Riverside	82%
J. Philip Loge '43	

Region	# in Region	Amount
<u>Chairman</u>		
New Jersey 1942-57	25	3,710
S. G. Bluestein '46		
No. California	151	3,144
H. S. Bruyn '43 (Dec.)		
Fairfield County	36	2,450
Gunnar Eng '49		
So. Calif.	41	2,424
Paul Saffo '33		
Penn.—East	56	2,259
Elihu Friedmann '42		
New York 1927-33	21	2,095
H. I. Fineberg '27		

Increase in Participation

Region	69-70	70-71
<u>Chairman</u>		
Washington, D.C.	62% +32	94%
1963-66		
Muriel D. Wolf '59		
Hawaii	54% +28	82%
T. K. Tseu '56		
New York	35% +24	50%
1966-69		
Richard Bockman '67		
Arizona	46% +18	64%
J. F. Carroll '56		
New Haven	70% +15	85%
1956-59		
Robert Glass '57		

Fund Officers for the 70/71

Annual Giving Campaign

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**Medical Alumni Day
 and Class Reunions
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Plan now to attend

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Yale Medicine

Annual Bulletin of the School of Medicine/Winter 1972



Yale Medicine

Alumni Bulletin of the School of Medicine/Winter 1972, Vol. 7 no. 1

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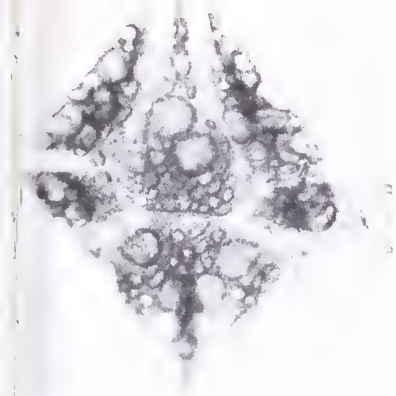
Photo p. 1, Segmented ganglion of leech

Photographs: Cover, p. 4, Courtesy N.I.M.H.; p. 1, Dr. Laura Manuelidis; p. 2,3, Dr. Gilbert H. Glaser and staff; p. 11, right, Yale News Bureau; p. 12, Mongillo Studio; p. 13, right, Miller/Swift

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Wegman, M.D., '32, Chairman, Medical
School Alumni Fund



The first step toward a Department of Neurology at Yale was taken in September 1952 when Dr. Gilbert H. Glaser joined the faculty. It was a time of significant change in the structure and direction of the school. Dr. Paul Beeson was the new chairman of the Department of Internal Medicine, Dr. F. C. Redlich had become the chairman of the Department of Psychiatry, and Dr. Vernon Lippard was just beginning his deanship.

There had never been a full time neurology unit at the school. As a matter of fact, neurology had been represented clinically and in the curriculum only by part-time practitioners during the previous ten years. Nevertheless, a strong tradition of neurophysiology had been established with Professors Dusser dearenne, Warren McCulloch and of course, John Fulton with his well-known Laboratory of Neurophysiology.

During the late 1940's Dr. Margaret Lennox, daughter of William Lennox, a pioneer in the field of epilepsy, came to Yale to establish an electroencephalography laboratory and an epilepsy clinic. When Dr. Lennox left in 1950 her activities were continued by Dr. Paul McLean, a neurophysiologist who had a deep interest in epilepsy, particularly temporal-lobe epilepsy, and electroencephalography.

In the meantime, back in 1940 Dr. Vernon Lippard, who was then the assistant dean for student affairs at Columbia College of Physicians and Surgeons, was visited by a young student who wanted to devote some time to laboratory research during the course of his medical school program. The student was Gilbert Glaser, whose interest in laboratory research had been sparked while he was an undergraduate at Columbia, where he had worked in

the biophysics and cellular zoology labs.

Minutes before Dr. Glaser had arrived, Dr. Lippard had received a call from Dr. Tracy J. Putnam, director of the newly established Department of Neurology in the New York Neurological Institute. Dr. Putnam was looking for a medical student to work in the Institute's new electroencephalography laboratory, Dr. Glaser lost no time in getting to Dr. Putnam's office. Thus began an association that was to last throughout his medical training and ultimately, to become a significant influence in the development of the neurology department at Yale. (Dr. Putnam and Dr. Houston Merritt, with whom Dr. Glaser would also work at the Institute, developed the anticonvulsant drug diphenylhydantoin sodium, which has been used in the treatment of epilepsy for the past thirty-five years.)

Through his work at the New York Neurological Institute and the Department of Neurology at Columbia's College of Physicians and Surgeons Dr. Glaser had also become acquainted with Dr. McLean's research at Yale. The two men met a number of times and Dr. Glaser made frequent trips to New Haven to visit Dr. McLean in his research laboratory.

In 1952 all of the pieces fell into place. Dr. Beeson, interested in infections involving the nervous system, was promoting the establishment of a Section of Neurology in the Department of Medicine. Dr. McLean and Dr. Redlich wanted the electroencephalography laboratory and the epilepsy clinic under the direction of a neurologist. The stage was set for the development of a neurological unit at the Yale School of Medicine. Dr. Glaser was invited to take over these activities and to develop a program for teaching, clinical work and research in neurology as well. Things have been moving ever since.

The Section of Neurology was established in the Department of Internal Medicine with an office in the basement of the New Haven Hospital. The laboratories for electroencephalography and research were in the basement of the medical school's Institute of Human Relations. (It seems that such laboratories are often

placed, at least temporarily in the basement - perhaps because of their "closeness to the ground".) The neurology clinics were reactivated and the inpatient services were established on the floors of medical services and in the special care unit on Winchester 1.

A residency training program was begun in 1953; this was aided by the establishment of a neurology service of considerable size at the Veterans Administration Hospital in West Haven. This training program has produced over 50 neurologists, sixty percent of them with significant positions in medical schools throughout the United States, including two department chairmen. The graduates of this program have been informally designated the "Glaserian Ganglia"

During those early years investigations were carried out on the neurophysiology of neuromuscular disturbances, the effects of hormones on the nervous system, psychomotor limbic epilepsy and the basic mechanisms of epileptic discharge. Studies on the genetically determined muscular dystrophy in the mouse, which have a significant relation to the human disease, led to a series of publications in the late 1950's by Dr. Glaser and his colleagues. Interest in their findings on motor-endplate disturbances has been recently reactivated.

In 1964 Dr. Glaser decided to devote his major research efforts to a more extensive program of investigation into epilepsy, to involve basic research into the mechanisms of the epileptic discharge, utilizing neurophysiological and neurochemical approaches, and to restructure the clinical activities into an organization of both outpatient and inpatient programs involved in the treatment and management of epileptic patients. On his return from a sabbatical in London in 1966 Dr. Glaser established the Epilepsy Research Program at Yale with the aid of a major research grant from the National Institutes of Health. At that time the neurology unit, consisting of administrative offices and research laboratories, was moved to its present quarters on the seventh floor of the new Laboratory of Clinical Investigation Building, where it continues to

operate at full capacity.

In 1966 Dr. Peter Huttenlocher came to Yale from Harvard and Massachusetts General Hospital to direct and develop a pediatric neurology unit. This has flourished since that time.

In October 1970 a neurology inpatient service finally received appropriate identity and was set up on the Tompkins 3 floor of the New Haven Hospital in conjunction with the neurological surgery service. Thus for the first time, a clinical neurology inpatient unit existed at Yale, devoted to the care of patients with disorders of the nervous system. This has allowed organized, integrated teaching programs in neurology and neurosurgery for medical students, residents and nursing personnel, with increasing benefits to patient care. A well-equipped neuroradiology unit has been of inestimable value in this clinical unit.

Dr. Lewis L. Levy is the chief of the service at the Veterans Administration Hospital. This service was expanded recently to include a stroke care center with four rooms designed for monitoring of brain and bodily functions and the special care of patients acutely ill with strokes. This is associated with a hospital unit with adjacent beds for the immediate follow-up of such patients after initial treatment in the acute unit. It is hoped that the ac-

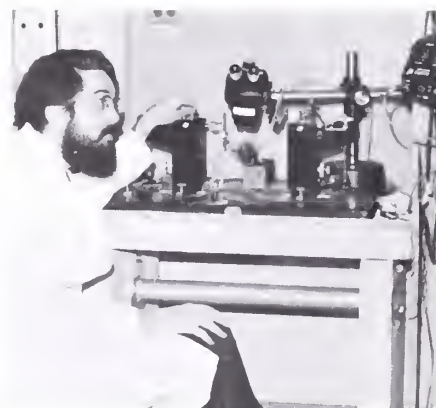
tivities of this model unit, with its combined treatment and research approach will have a significant impact in the care of the major problem of the cerebrovascular accident or stroke.

In addition, an epilepsy research unit has been established at the Veterans Administration Hospital with specially equipped rooms for the treatment and evaluation of patients with frequent uncontrolled seizures. All of these units have their own electroencephalographic monitoring devices and programs are being established for computer analysis as an aid to eventual control of the disturbed brain functions.

At the Veterans Administration Hospital there is also a major experimental neuropsychology research laboratory involved in cerebral evoked potential studies, under the direction of Drs. William R. Goff and Truett Allison, associate professors of neurology and psychology.

The department's investigations have been involved in mechanisms concerned with the production of epileptic discharges in the brain, their biochemical and physiological properties and their effects on cerebral function.

Dr. Glaser and Dr. Emil Zuckerman, associate professors of neurology, have developed a technique for localized cerebral ventricular perfusion and concomitant electrophysiological recording for the



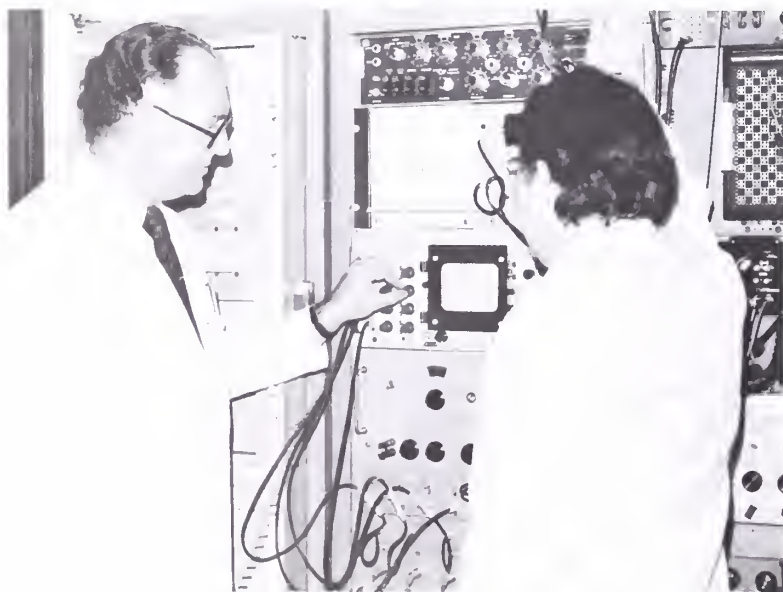
Dr. James W. Pritchard

study of the effects of electrolyte shifts, as of potassium and calcium, as well as aminoacids and certain enzymes which might be responsible for the production of seizure activity. The distortion of these fundamental neuronal membrane functions may be one of the primary mechanisms by which excitability is changed into the production of seizure activity. These properties also are being studied in experimental animals with established model focal epileptogenic lesions.

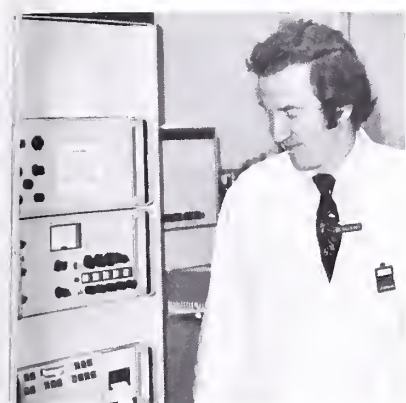
Dr. James W. Pritchard, associate professor of neurology is studying basic neuronal membrane alterations in the giant cell of the leech ganglion, using both convulsant and anticonvulsant drugs. This is an exciting new chapter in the field of applied neurophysiology.

Dr. Brian B. Gallagher, associate professor of neurology and his research team are studying the metabolism of anticonvulsant drugs, both experimentally and in patients with epilepsy, in the hope of achieving better control on the basis of obtaining quantitative knowledge of how these drugs and their products of metabolism are distributed throughout the body. Their laboratory has developed techniques of determining blood levels of these drugs. This has proved to be of inestimable value and has opened a new chapter in the management of patients with epilepsy.

In addition, studies of patients with temporal-lobe or psychomotor epilepsy are including new methods using modern techniques of neuropsychology to evaluate distortions in behavior and mental function, correlated both with electroenceph-



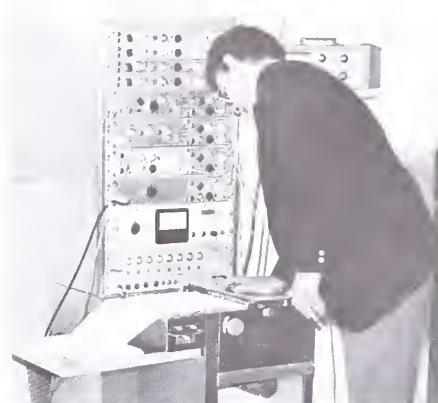
Dr. Gilbert Glaser, left and Dr. Emil Zuckerman



Dr. Brian B. Gallagher



Dr. Jonathan Pincus



Dr. Lewis Levy

graphic abnormalities, possible changes in bodily metabolism, and anticonvulsant drug distribution. The researchers are also concerned with many other factors — physical, chemical and psychological, which play a triggering or precipitating role in the production of seizure activity in many patients with epilepsy. Dr. Richard Mattson, associate clinical professor of neurology has been developing this research area along with Dr. Gallagher in the clinic at the Yale-New Haven Hospital and the Veterans Administration Hospital. The effects of altering brain excitability and the production of seizures by various biochemical lesions in animals is under continued investigation by both Drs. Gallagher and Dr. Jonathan Pincus, associate professor of neurology. There are many illnesses of the nervous system related to abnormal amino acid metabolism which are characterized by seizure activity, as well as mental retardation. The altered brain chemistry, histology and excitability of these animals is under continued investigation.

Dr. Pincus, in collaboration with Dr. Clark R. Cooper, professor of pharmacology has achieved an important breakthrough in the analysis of necrotizing encephalomyelitis or Leigh's disease, a relatively rare disease of the nervous system primarily affecting children. This illness is important because of the basic mechanisms involved. The Yale team has discovered that it is due to the presence of a genetically-determined inhibiting factor which limits the activity of Vitamin B1 (thiamin) in the nervous system. This

is the first time such a mechanism had been demonstrated, although it had been suspected that a disturbance of thiamin had been involved in this disease. Dr. Pincus and Dr. Cooper have followed up their basic analysis by applying this knowledge to the development of a diagnostic test to discover the presence of the disease within families and they have been using special preparations of thiamin in an attempt to treat the disease and prevent its devastating progress.

Dr. Pincus is also involved in investigating the mechanism of the important drug diphenylhydantoin. He has been studying the relationship between the action of this drug and its influence on the transport of ions important in nervous tissue activity. Although this particular drug has been used ever since its original development by Doctors Putnam and Merritt thirty five years ago, it is only in the past few years that important knowledge concerned with its human pharmacology and its mechanisms of action has been developed. (Work with this drug is of particular interest to Dr. Glaser because of his earlier association with Dr. Putnam and Dr. Merritt.)

At the present time the Department of Neurology has reached a significant crossroads of development. Establishment as an independent department has been an important achievement boding well for the future of neurological sciences at Yale. Hopefully the activities of this department will provide a strong new catalyst and encourage further interdisciplinary collaboration across the campus. This

will reinforce the three functions on which the department's activities are based: teaching, research and clinical work. The group is presently involved in varying phases and degrees of consolidation and organization of research and clinical staffing as well as the development of physical facilities.

Continued support for the department's research program and its training activities has come from the U.S. Public Health Service National Institute of Neurological Diseases. In addition important support of the Epilepsy Research Program has been strengthened considerably during the past year by grants from two private foundations. The John A. Hartford Foundation awarded the program a grant for clinical projects with anticonvulsant drugs. More recently the Esther A. and John Klingenstein Fund awarded the program funds for a significant expansion of basic research activities concerned with the mechanism and control of epileptic processes. The Klingenstein grant will also enable a most effective liaison for the application of electron microscopic techniques with Professor Elias E. Manuelidis of the Section of Neuropathology.

The Department of Neurology headquarters and laboratory facilities on the seventh floor of the Laboratory of Clinical Investigation can be characterized as a relatively new, well-designed suite of laboratories. However, as always in an active department, the space is already filled to bursting capacity. As the department looks to the future it can only look outward and upward.

The fight against drug dependence — two-pronged attack

What is it that leads someone to stick a needle into his vein. . . and to continue sticking that needle into his vein even after he contracts hepatitis or endocarditis? After seeing one or two junkies die horrible deaths from an overdose, why does a young teenager even begin taking heroin? What is it that leads teenagers — and adults — to do things that are going to destroy themselves?

These are the questions behind the drug dependence program at the Connecticut Mental Health Center. It is a two-pronged program aimed at getting at the roots of drug dependence. The Drug Dependence Unit, started in 1968 under the direction of Dr. Herbert D. Kleber with a five year grant from the National Institute of Mental Health, is a treatment program. The Drug Dependence Institute which grew out of the Drug Dependence Unit, is an educational and preventive program under the direction of Robert C. Tucker.

"When we talk about drug dependence we are talking about the kind of drug abuse that leads to the destruction of an individual," Mr. Tucker said. "In that sense we don't differentiate between drug abuse, driving 99 miles an hour down a back road, or committing suicide. It's all a form of self destruction. We don't feel that people who take drugs are necessarily psychopaths. We feel they are individuals who have limited choices."

There is a lot to taking drugs — tobacco and alcohol included. People get very good sensations from them. They relieve, at least temporarily, anxieties and frustrations. But for some it becomes a life support — a substitute for personal success and for personal relationships. The drug society becomes a haven where people are accepted when they might not be accepted someplace else.

There are other ways to feel good about oneself that are non-destructive. Self respect is extremely important. The drug programs — both treatment and preventive — are based on finding these alternatives.

The Drug Dependence Unit and the Drug Dependence Institute are both integral parts of the Connecticut Mental

Health Center. The center, which opened in 1966, was established by a contract between Yale and the Department of Mental Health of the State of Connecticut. The director of the Mental Health Center, Dr. Boris Astrachan, is jointly responsible to the Commissioner of Mental Health for the State and to the chairman of the Department of Psychiatry at Yale. The directors of the Drug Dependence Unit and the Drug Dependence Institute are responsible to the director of the Center. The Drug Dependence Unit serves a 21 town area which includes New Haven, while the Drug Dependence Institute has a national constituency.

The treatment program owes much of its philosophy and direction to Dr. Kleber who came to the Connecticut Mental Health Center in 1966 from the federal drug addiction center in Lexington, Kentucky, where he had spent the previous two years working with addicts. Although he was head of the out-patient and emergency services at the Mental Health Center Dr. Kleber's Lexington experience led to constant calls to treat addicted patients and countless invitations to speak about narcotics addiction before various medical and civic groups. His reputation as well as his interest in drug addiction was established.

Through his experience at Lexington and at the Mental Health Center, Dr. Kleber realized that efforts to treat addicts on an individual or group basis were not satisfactory. An indepth, comprehensive treatment program was necessary if these people were really going to be helped. After extensive consultation with Dr. Gerald Klerman, who was the director of the Mental Health Center at that time, a program was submitted for the NIMH grant in the spring of 1968. The program, which is considered one of the best and most comprehensive in the country, was started in July 1968.



T: Drug Dependence Unit

Based on an interview with Dr. Herbert Kleber, Director

In our program we see drug dependence as a problem not just of the addicted individual but as a problem of society. We are as intimately concerned with institutions and groups in society which we feel involved in producing or perpetuating drug dependence as we are with treating the drug dependent individual.

Our treatment programs operate on the philosophy that different methods of treatment are necessary for different people. Not only does one individual require treatment different from another but the same individual may require several types of treatment during various stages of his addiction career. One of the long range goals of our program is to try to find which treatment is best suited to each individual.

The Drug Dependence Unit sees people fourteen years old and over who have difficulty with narcotics, amphetamines, psychedelics, and barbituates. Over 1,500 patients have been through screening since the program began. There are more than 400 patients in active therapy on an average day.

Applicants to our program are screened by four ex-addicts and two full-time staff members and occasionally a social worker or psychologist. They operate from nine until five o'clock, Monday through Friday in a store front separate from the center. When addicts are admitted they start the following morning on a 10 to 21 day program of ambulatory detoxification in coordination with St. Raphael's Hospital. They receive a dose of methadone at 8:30 and are then involved in a group for the rest of the morning. Individuals on drugs that are not physically addicting and those who are heroin addicted but currently drug free because they have just left jail or the hospital may come directly to the center for screening or they may be put into the group treatment for a week before screening. This enables us, to meet the immediate needs of the addict quickly and yet provides us with more time to get to know him before making a final treatment recommendation.

Daytop, Incorporated of Connecticut

Our Daytop program was originally affiliated with the New York Daytop Village program. However, shortly after our affiliation the New York program was disrupted by internal problems with the subsequent resignation of most of their ex-addict staff. We felt this was not in the best interest of our program and terminated our contract, keeping our own ex-addict staff, who had been doing an excellent job.

Daytop, Incorporated of Connecticut is an independent corporation related to the Drug Dependence Unit on a contract basis. This community with facilities for over 60 people, is located in Seymour, Connecticut. The program has been able to successfully treat drug dependent people from the age of 16 on up. Although it is similar to many other therapeutic communities in content, it has moved in a number of innovative directions. For one thing it has shortened the length of time required to graduate and has increased the educational aspects of the program by sending its teenagers to local schools. Its directors are trying to establish a short term residential center along Daytop lines for individuals on the methadone treatment.

Daytop recently opened a second residential center in Waterbury, Connecticut and is assisting the operation of drug programs in Stamford and New London. In addition it has started programs in the Danbury Federal Penitentiary, Cheshire State Reformatory and Somers State Prison.

Youth Services Division

The Youth Services Division treats patients who, for one reason or another are not suited for either the Methadone Maintenance Program or Daytop. Most of them are adolescents in the 14 to 22 year old age range. In the clinic we try to establish a program culture which transmits values, imposes sanctions and offers rewards through its members-participants rather than through a professional staff. We challenge the "once

a junkie . . ." mythology and at the same time obviate the problems of reentry of the treated ex-addict to his community. We seek to protect him from the ever present challenges of the "street" to which he is exposed daily.

Patients are expected to come to the Youth Services Division on a nine to five basis, five days a week for from three to six months. During this time they are encouraged to develop educational and vocational skills and to explore routes to various academic or vocational credentials. This experience we feel, leads not only to immediate gratification but also to long range growth and satisfaction — all necessary to establish self respect.

In February 1970 naloxone maintenance was added to the day program for some members. Naloxone is an antagonist which blocks the effects of narcotics but is not itself addicting. Although we see this as a promising program, we feel that it will not be able to reach full potential until a long acting form of naloxone or another antagonist is developed.

An important interest of the Youth Services Division is training the patients who come through the program to act as agents for change in various institutions — especially those involved with youth. We constantly try to encourage other institutions to create jobs for graduates of the program. Recently we started a New Careers Program with the local community college. Under this plan program graduates attend college classes and work in our program at the same time. They receive academic credit for the program.

Alpha House

Alpha House is a short term (six to twelve months) residential treatment center primarily for adolescents from 14 to 22 years old. It opened in the fall of 1971 as a joint project of Youth Services Division and APT. It has facilities for 20 people.

Based on an interview with Robert C. Tucker, Director

NARCO, Inc.

NARCO is a grass roots organization founded by two ex-addicts in 1966. When we wrote our grant in 1968 it was decided to incorporate NARCO into our total program structure. We pay roughly half of NARCO's budget, with the other half coming from the State Department of Community Affairs.

NARCO plays an important role in the Drug Dependence Unit by providing a store front which operates 12 hours a day, where a person can walk in, become familiar with the drug program, and be referred appropriately. It has a 24-hour "hot-line" for addicts in trouble. NARCO also works with addicts in the prison system, encouraging them to seek treatment when they are freed and helps the families of addicts with practical problems. In addition NARCO provides an educational program to the communities and the school system and serves as a liaison between the courts and the Drug Dependence Unit. NARCO has recently received a grant from L.E.A.A. to open a 20-bed detoxification clinic in conjunction with St. Raphael's Hospital, which opened in December 1971.

Epidemiology and Evaluation

This unit has developed forms and methods for evaluating Drug Dependence Unit components and epidemiologic work, as well as research in the legal system — especially the role of the police and the court system. It was also a prime factor for the grant we obtained to evaluate our own education program as well as to develop epidemiologic data on drug use in all of the high schools in our thirteen town area. This grant is a joint project between the Epidemiology and Evaluation Unit and NARCO.

Since the director of the Epidemiology and Evaluation Unit is a sociologist the main thrust of our research is sociologic rather than psychologic. However, various biologic and psychologic research is being done in collaboration with others, including a study of the effects of chronic methadone use on serotonin levels in the spinal

fluid, a project on the metabolism of heroin and psychological studies of various factors involved with persons attending Daytop.

APT Foundation (Addiction-Prevention and Treatment Foundation)

Last year we became concerned that the increase in addiction in the New Haven area was outstripping the resources available from either state or federal sources. Since most of the federal grants require matching funds from the state and there was not only reluctance to contribute this but also many bureaucratic hassles, the program lacked the desired flexibility.

Therefore, we were fortunate when a group of concerned citizens began a foundation in 1970 to aid the work of the Drug Dependence Unit and the Drug Dependence Institute. The board includes prominent citizens including lawyers, doctors, bankers and members from labor and the judiciary. The foundation has proven its worth many times over.

When the state refused to provide matching grants for a residential center for adolescents, the foundation submitted the grant with board members agreeing to raise the necessary funds. When the Drug Dependence Institute required additional funding because of low federal overhead, the foundation agreed to subcontract for the training institute. Another major project under the auspices of the foundation is our evaluation and consultation to other programs such as the Methadone Maintenance Program in Bedford Stuyvesant.

The Drug Dependence Unit combines many approaches aimed at providing support and self esteem for drug dependent individuals. Although we can accomplish much in the center, the program would be useless without community and agency involvement. We work closely with community governments, police departments, welfare agencies, schools, businesses, labor organizations, as well as private doctors and clergy.

The destructive use of drugs continues to increase each year, and more drug dependent people are being produced by our society than any treatment program can handle. The long-term hope must be prevention.

Alienation, hopelessness and poverty are powerful precipitators of self-destructive behavior. The structural and systemic pathogens that encourage drug dependence fester within our basic institutions. These institutions must become the target of corrective and preventive action.

The Drug Dependence Institute actively supports programs aimed at changing the pathological structures and systems that breed self-destructive behavior. We believe prevention of addiction is dependent on the quality of change that occurs in basic institutions. Families, schools, businesses and other institutions all must provide opportunities for people to feel good about themselves and about what they are doing. They must also provide opportunities for satisfying personal relationships and must facilitate man's search for meaning.

The Drug Dependence Institute attempts to engage its trainees and consultees in planning to treat pathological structures. During the first two years of our program we participated in community workshops and an extensive campaign of speaking engagements. These efforts culminated in the development of the Internship Training Program, a full-time, two week program for educators, clinicians and other youth-serving individuals. The purpose was to prepare trainees to design and conduct an effective program in their home agencies.

Our successful experience with this program led to an NIMH grant in 1970 which set up the Drug Dependence Institute as a component of the Yale Department of Psychiatry but integrally related to the Connecticut Mental Health Center and the Drug Dependence Unit. The Institute was established to offer training in the prevention and treatment of drug addiction and to advance knowledge and understanding of drug dependence. Interns who come from all parts of the coun

to participate in our program spend from two to four weeks in New Haven studying and working with addicts and adolescents. Trainees are exposed to the pertinent literature in the field, to ex-addicts and addicts in treatment, as well as many of the leading theoreticians and practitioners in the field of drug dependence. We also provide orientation and consultation services to school systems and agencies throughout New England.

In a way our program is really a by-product of teaching people how to be good parents and good teachers. We assume that within families and in schools where young people are getting good feedback, with people responding to let them know they are important, worthwhile human beings, they will be less inclined toward self-destructive behavior. We do not expect to have any great impact on the home environment however.

There are many kids who don't have parents, and then there are so many parents who have such difficult problems they can't provide the necessary love and nurturing relationships that children need.

So our main thrust is in the schools. Kids spend much more time in school than they do at home, and their relationship with their peers is a crucially important concern. If they can't get along with others, they can always drop a tab of acid and be guaranteed an immediate circle of admirers and "friends." It's that easy and that tragic.

We are interested in peer relationships, teacher-student relationships and in what goes on in the school. We see schools as hopeful institutions — places where changes can be made. Schools must become gardens of learning rather than camps of containment — places where people have to go. If students are turned on by their school, their environment and their relationships with other people there is less need for them to be turned on by substance or modes of behavior that may eventually destroy them.

The Institute has provided training and consultation to every school system in the 13-town area. Training activities have included special orientation programs set up on a system wide or indivi-

dual basis. When a school comes to us for assistance we set up a three-day informal program attended by all school staff members from the Superintendent of Schools to the cafeteria workers. The purpose of this is to develop the proper climate where appropriate methodological and structural changes may occur.

A typical DDI training team will be composed of about 12 people usually including three or four teachers, four students and perhaps a parent, policeman, a member of the clergy, the principal, or the mayor. The first stage of training concentrates on information about drugs. People really get hung up on the issue of drugs. They often feel mystified, incompetent and frightened when forced to discuss drug problems. They think drugs are something esoteric, magical or mystical.

Once they have this information they can get to more substantive issues. They begin to ask other kinds of questions. Then we set up groups and encourage them to answer those questions themselves. "What does a person taking drugs need?" "What makes life worth living?" "Is the word 'love' a phony word or is it something we all need?" "Does everyone need good feedback?" "What is it about your institutional structure that turns kids off?" "What is it that makes it difficult for them to feel good about themselves?" "How can we change it?" People best answer these questions by using their own resources.

A model program developed with Drug Dependence Institute consultation and training was set up in a local high school where students met with trained teacher-student group leaders in small groups of eight to twelve persons each. Within these sessions strict confidentiality was maintained and students were free to discuss things that "hassle" them without fear of punishment. Many of the techniques used in these small groups are now being adopted in the regular classroom work. The members of the groups have become advocates of a new style and hopefully this will bring about an effective means of improving the behavior of the school.

The program has been extended from

the high schools to the junior high and elementary schools. In one of the New Haven elementary schools in a low-income neighborhood we are running pilot program developed by two members of our staff who are working with the teachers and principal. They are being trained to observe the students, to find their needs and help them establish self respect.

Among other things they are learning how to create an environment where more is expected from the children — many of whom had previously been treated as poor learning potentials. Our feeling is that when kids feel that their teachers expect a great deal from them, they will begin to feel self confident, will achieve a higher level, and will feel better about themselves and the learning environment.

The program seems to be working and other teachers are becoming involved. We are quite happy with the program so far; the students are "turned on" and so are the teachers.

It is still too early to predict what the long term effect of our program will be. The changes are very subtle: an increase in the number of student-teacher social events, a relaxation of previously repressive dress codes, increased student participation in the conduct of classroom learning and more group activities.

In our training we try not to get hung up on the drugs themselves. We spend much more time talking about people, especially young people. They are the ones who must make the decision about drug dependence.

The Drug Dependence Institute does not provide the answers, but we do provide an environment where learning can take place and where the proper questions may be framed and understood. Specific action against drug dependence can be best planned by informed and motivated teams of consumers and institutional gatekeepers.

Whatever Happened to the Student Activism of 1970?

A discussion with six medical students

Sandy Deegan	Fourth year
Paul Lucky	Fourth year
Randy Zusman	Third year
Dick Pasternak	Second year
Barbara Stoll	First year
Sal Romano	First year

Fate of political activism

PAUL: We are here to discuss the changes which have taken place in the past few years in the medical school, as they concern the student body and its attitude toward the school, towards the community and towards the state of the nation in general. Two years ago a great deal of controversy followed the Cambodian invasion, May Day and Kent State. There was much student activism and protest, not just based on these events but on other issues which were important at the time. In the two years that have intervened there seems to be decreased activity — at least visually. People appear to have turned more to their studies and inward with their concerns. The student body as a whole is much more quiet. What are the reasons for this? Randy, do you think things have quieted down — or is this just an illusion?

RANDY: We were the class that organized the movement in May two years ago to go to Washington. I think that since that time people who have been here for two or three years have become more involved in the medical center itself. The same individuals in our class who were active on a national level two years ago are now mainly involved in efforts to provide innovative curriculum change, and an analysis of the types of courses that are being taught and the type of faculty that is attracted to the medical center, as well as being concerned about the hospital and the health care delivery plans in New Haven.

PAUL: Do you think it is the natural trend to become more involved in the school during the four years, or do you think this is a result of frustration at the inability to do things at a national level?

RANDY: The people involved in the national program felt that it just fizzled out. Nothing really came out of it other than one week in Washington which undoubtedly had its value, but it was a short range project. As students become more involved with their own careers they identify with different interests and people. I think it's natural that they have become more concerned with the school itself and the New Haven community.

DICK: I agree with that basically, but I do think that two years ago there was a very great cause to rally around. That central cause is not here any more. I don't think people have changed significantly — there just is not the central stimulus that there was two years ago.

SANDY: I think it's more than that. I think events two years ago involved an illusion that our generation had then that something cataclysmic might really change the country. After the Cambodian protest it seemed as though nobody listened. For a while we were frustrated and we withdrew. But I think we realize now that somebody did listen. The fact is that the war in Vietnam is now one of the major issues in the present presidential campaign. That was brought about partly as a result of our digging in and talking to our parents and others and not by marching in the streets. I think this is a part of the growing up of our generation and the realization that one huge massive demonstration will not change national politics.

PAUL: Do you think this "keep to it" attitude is prevalent among the first and second year students? What difference do you see between their attitude and ours?

SANDY: It's hard to know because they haven't been confronted with a single big issue yet. They certainly work very hard within their own priorities. For example,

the women in the first year are so much more militant than women in our class.

BARBARA: That's partly because there are so many more women in our class than in yours, but I don't really think the women in our class are very militant. In fact, I think both the men and women are fairly uninterested in politics. This might have something to do with the selection process in admissions, but perhaps it's more a reflection of a general trend.

SAL: I don't think that is totally true. Most people in our class react in their own way. For many it is an inward thing but not necessarily apathetic. With all of the work we have it's hard to become involved as we did two years ago. There really is no central issue — these problems have been around for a long time and maybe it's their familiarity that makes students turn inward.

SANDY: There is something in the nature of being a medical student that does detach you from the main mass of politics. The first year students were in college at the time of the beginning of the women's lib movement. I was in college during the time when civil rights protests were the thing and we were very, very involved. A lot of time and energy was spent in marching and demonstrating. We didn't feel the thrust of the women's lib movement any more than the first year students were concerned about the civil rights protests. Our political backgrounds are different.

PAUL: I think there are really very great changes between my class and the first year class. This is not only because there are twenty women in the first year class. I wonder if there are any others who feel that the first year class is different as far as the type of people in it and their interests? What are the reasons for this?

DICK: I think that it is true that there are some differences, but they are probably not differences in people as much as they are differences in what people are doing. As was said earlier, the people in their first and second year of medical school now were doing very different things during their undergraduate years, when there was much more time available to them, than the kinds of things the pre-

sent third and fourth year students were doing in college. It is the carry over of these undergraduate interests, involving commitments to the community for example, that make the first year students appear different from the fourth year students. I think that it is this difference rather than a difference in basic types of people that is important.

SANDY: I have a feeling that if not this first year class, then the next one will have a lot of people for whom medical school is not so much a luxury as a necessity. There will be a lot of people with PhDs who are already deeply committed to science who may be forced by the economy to go to medical school. I think those people are going to affect the activism or the lack of it. They are going to be much more straight-arrow and interested in working within the system and the medical school. There might even be a return, although I hope not too much of one, to the age of the medical scientist. Political medicine will suffer.

BARBARA: There is a higher percentage of people in our class who are older and who were out of school for a few years before coming to medical school. They seem much more sure of what they want to do, and have less desire and much less time to play around. For the most part they are a little more serious.

SAL: That's very true. For my own part — after college I spent a year in graduate school, then a hitch in the Army. By then I had pretty much made up my mind that I wanted medicine. I came here and essentially blocked out the national picture.

PAUL: I like the diversity there is now among each class in school. I certainly hope it won't become the trend to admit only people with a strong scientific background and nothing else. It might be easier for people with a scientific background to get through, but I think that making only scientists into doctors would not be a good thing. Being a science major in college doesn't make you a better physician. There are human attitudes that people should have. This is very important.

Interest in health care delivery

RANDY: Before I came to medical school I wasn't aware of a lot of the problems that exist in health care delivery. Only in the past two and a half years have I become concerned about the real problems and how we can attack them. Some people are more concerned about the national health care insurance plan, others are more interested in actual health delivery. I am most interested in how we train doctors. What is the core amount of knowledge necessary and how should it be presented to medical students? How will that provide the most number of physicians for those people who need care. Everybody coming to medical school is more aware of just what the problems are and they react to them.

DICK: For me the social activism of my peers in the last five years has made a big difference in my thinking about the kind of practice I want — solo versus group, versus perhaps, a university association and academic medicine. I see each option in terms of how it will affect those around me instead of just "what's best for me." Student activism of the past few years has increased my awareness and interest in both social and medical problems that did not concern me several years ago. A natural consequence, of course, is the effect such activism will have on me as a physician.

PAUL: It surprised me to learn how little concern there was about health care on a national level five years ago. I don't know whether it was the same times and attitudes that brought international issues to the forefront that also brought forth the idea that problems not only exist elsewhere in the world but at home as well. There has been a great deal of publicity about improving health care delivery sys-

tems within the U.S. I think this is where the emphasis is going to be in at least a good part of our lifetime. How can we improve individual care? Government attitudes are going to have much to do with this. Governmental policies are going to shape the direction of medicine in the seventies. It depends on where the government is going to give its support. Is it going to support research? I think there will be some continued support of research, but I think the same kind of support that went into research in the sixties will be refocused to provide either national health insurance or at least some sort of efficient health delivery system which will be available to everyone. This will be a much greater government role within the medical schools and the education of medical students. There will probably be increased government support for the financial aspect of this. Certainly in most medical schools federal grants, research contracts, etc., provide the bulk of training money. It is just a matter of calling money by a different label. The government is going to support medical training in the United States and it is going to determine the policies and the directions it is going to take.

RANDY: The federal government has already decided to support three year medical schools, which means that Yale, which went to a drastic new curriculum only four years ago, is now considering the advantages and disadvantages, as well as the possibility of converting from a four year to a three year curriculum. There are tremendous financial pressures that have to be considered for training students in three years. In a school like this — or any school in financial trouble, this can be a real club over the head.

Curriculum

RANDY: Perhaps we should talk about the curriculum as it is organized here at Yale. Four years ago there was a change from the standard two years of basic science, two years of clinical work, to what is now known as the "Yale System." This involves one and a half years of basic science pre-clinical studies, followed by one year of clinical work in the wards,

twelve weeks of medicine, twelve weeks of surgery, six weeks each of pediatrics, psychiatry and obstetrics-gynecology. During the subsequent six months most students go back to the classroom and take basic courses in medicine and advanced electives in their fields of interest while working on their research thesis. Following this is the last year, when most students take advanced clinical electives and finish up work on their research projects. One of the major features of the Yale system is the first year summer of clinical experience, which was designed with the hope that students would spend a period of six weeks, with a minimum of twenty hours per week, involved in the care of patients in a setting of their choice. The only stipulation is that they do histories and physicals in order to become more at ease in the patient setting.

DICK: I'm not in much of a position to evaluate how the curriculum has changed medical student's lives but I do have many friends at other medical schools, and I think the summer experience is a major difference between Yale and some of the other schools. For me it was an extremely valuable experience. Being able to begin the ward experience now with the knowledge and practice that came from taking histories and doing physical exams this summer has been a real advantage. I spent the summer in San Francisco working with a private physician in his office and spending part of the time on a medical floor at the University of California Hospital where the house staff paid particular attention to teaching me the skills of physical examination and history taking.

SANDY: As a fourth year student I was among the first wave of first year students to be sent all over the country — as a matter of fact, the world, to do their first summer clerkships. I did my experience in obstetrics and gynecology at Bellevue Hospital (New York University). One of the interesting by-products of this system is that many medical schools and medical centers which had never seen first year students in the wards suddenly found that first year students were quite capable in

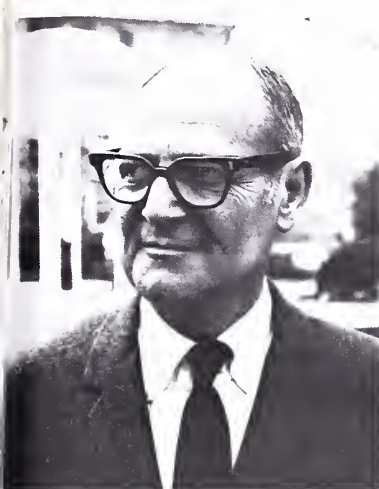
assimilating the kind of knowledge that one needed to deal with patients. As a result N.Y.U. and several other universities where Yale students had been are now sending their own first year students on various kinds of experiences and beginning the clinical rotations often as much as a year earlier than they had.

PAUL: I really enjoyed my summer experience. It did a great deal to give me a little confidence and ability to converse with patients to have gained some minimum of clinical knowledge. It really prepared me for going into the wards. I think the general trend in the curriculum here at Yale has been to try to bring the basic sciences and clinical subjects closer together, not to separate them as they have been in the past with two years of basic sciences and then two years of clinical work. That has been one of the problems in American medicine in the past. The hospital is across the street from the basic science labs and there has been little overlap between the two. The courses where we have some clinical correlation are not only the ones I enjoy the most, they are also the ones where I can envision the problem that is being discussed.

SAL: As a first year student I am very excited about the prospect of full time exposure to the clinical setting. We are introduced to the clinics almost as soon as we begin our medical education by the clinical preceptorship program. Second semester brings a formal course in clinical medicine and additional exposure to the problems associated with patient care. These experiences are generating a great deal of enthusiasm for the summer program among members of the first year class. As for my own plans, I'll be spending the summer working with the Department of Family Practice at the University of Kansas. They have arranged an interesting program which incorporates the usual clinical exposure to history taking and physical examination along with a part-time preceptorship in a rural area of Kansas. They have also arranged an interdepartmental program with the department of medical ecology to give me some experience with the practical aspects of

health care delivery. Needless to say I am really looking forward to a rewarding summer.

BARBARA: I'm thinking about doing some kind of rotating clerkship in the children's unit at Children's Hospital. I have no idea what I will see. We are really going in blind. That is something I have thought a lot about . . . There is a basic process of socialization through which a student becomes a doctor — takes on a certain professional orientation. I'm a first year student. I haven't yet gone through the process. I don't have a true feeling for what it is like to be a doctor yet. But I have been exposed to certain things which are making me more and more conscious of medicine. I think there are certain very basic experiences which all medical students go through and have gone through which impose a uniformity on their development as doctors, so that even if times change — even if medical students have changed because they've grown up in different times in different historical settings, there are certain things about their experiences which are de facto the same. I was confronted with a dead body to dissect, I saw my first autopsy, I am beginning to see sick people — experiences which every doctor goes through. Are we reacting differently to the professional inputs we're receiving? We may have different ideas about the kind of medicine we want to practice, about health care delivery, etc., but aren't we still becoming doctors with certain professional orientations — ideas about ourselves as doctors, which have been molded by our initial exposure to medicine?



Dr. Louis G. Welt, Chairman,
Department of Internal Medicine

Dr. Louis G. Welt has been appointed professor of medicine and chairman of the Department of Internal Medicine at Yale effective July 1, 1972.

He succeeds Dr. Philip K. Bondy, C.N.H. Long professor of medicine, who will be taking his sabbatical leave next year in London where he will be a visiting professor at the Chester Beatty Institute and the Royal Marsden Hospital.

Dr. Welt is presently the chairman of the Department of Medicine and Alumni Distinguished Professor at the University of North Carolina School of Medicine. An authority on kidney disease he is doing research on the defects in active transport across the red cell membranes found in persons with end-stage renal disease.

He is author of *Clinical Disorders of Hydration and Acid-base Equilibrium* and co-author with Dr. Maurice B. Strauss of *Diseases of the Kidney*. In addition to a variety of consultative, editorial board and committee appointments. Dr. Welt is president-elect of the Association of Professors of Medicine and a member of the council of the Society for Experimental Biology and Medicine.

Dr. Welt received his B.A. degree from New York University in 1934 and his M.D. degree from Yale in 1938. After internship and residency at New Haven Hospi-

tal, he served as an instructor at the School of Medicine until 1942 when he joined the 39th General Hospital - the "Yale Unit" - which was sent to Auckland, New Zealand. He became involved in malaria control and was attached to the American Division as division malarialogist on Bougainville. From there he went to Leyte and Cebu and finally Manila. He was discharged in 1946 after attaining the rank of major and receiving the Bronze Star for his contributions to military medicine.

After a year in private practice in Williamantic, Connecticut, and a year as chief of the research section of the Veterans Administration central office in Washington, Dr. Welt returned to Yale in 1949 as an assistant professor of medicine, working with Dr. John P. Peters.

He left Yale in 1952 to join the faculty of the University of North Carolina as an associate professor of medicine. At that time the school was being changed from a two- to a four year program and the University of North Carolina Hospital was opened. Dr. Welt was promoted to professor in 1954 and in 1965 he was appointed chairman of the Department of Medicine.

He is a member of numerous scientific societies including Alpha Omega Alpha, the American Physiological Society, the American Society for Clinical Investigation, the Association of American Physicians, the Endocrine Society, Sigma Xi and is a fellow of the American College of Physicians.



Dr. Pickett Honored

Dr. Lawrence K. Pickett has been named William H. Carmalt professor of clinical surgery and pediatrics. He has been a member of the Yale faculty since 1964 when he was appointed professor of surgery and pediatrics and chief of the newly formed Section of Pediatric Surgery.

In a statement regarding this new title Dr. Jack W. Cole, chairman of the Department of Surgery, said, "Dr. Pickett is a recognized authority in the field of pediatric surgery and his long commitment to improving surgical care in infants and children makes him a worthy successor to Dr. Gustaf E. Lindskog as the William H. Carmalt professor. Yale's recognition of Dr. Pickett's clinical competence and his outstanding abilities as a teacher is much deserved."

The Carmalt chair was established in 1924 in honor of Dr. William Henry Carmalt, who was a professor on the Yale medical faculty from 1879 until his death in 1929. His reputation as a bold, skillful surgeon was paralleled by his reputation as an effective teacher and colorful personality. The late Dr. Samuel Clark Harvey held the chair from 1924 to 1947. Dr. Lindskog, for many years chairman of the Yale Department of Surgery, was the Carmalt Professor from 1948 until his retirement last year.

Gift in Memory of Dr. C. N. H. Long

An original letter by Isaac Newton has been given to the Yale Medical Library by Mr. and Mrs. Jay Grant DeRemer of Greenwich, Connecticut, in memory of the late C. N. Hugh Long, former Sterling professor and chairman of the Department of Physiology.

Mr. DeRemer is a trustee of the John B. Pierce Foundation, which is affiliated with the School of Medicine. His interest in Newton was aroused years ago when he was asked by a guide at Trinity College, Cambridge, to sit in a chair which he was then told was Newton's chair at the desk on which Newton wrote the *Principia*. Soon afterwards in 1926 Mr. DeRemer saw the letter in a book shop and bought it. Much later, when Mr. DeRemer told Dr. Long about his Cambridge experience, Dr. Long said that the same thing had happened to him. Hearing about the letter, Dr. Long said that it belonged someday in the Yale Medical Library. Mr. and Mrs. DeRemer have agreed that it does and have given it in Dr. Long's memory.

The DeRemer gift is a single sheet written on both sides entirely in Newton's hand and signed and dated "London. 13 Octob. 1712." The letter is written apparently to the caretaker of Newton's country estate at Woolsthorpe, where tradition says that the sight of an apple falling in the garden started Newton on the way to discovering the principle of gravity. The letter deals with a proposal to enclose the pastures and commons and limit the pasturage rights. The English enclosure movement, which greatly changed the way the common people earned their living, was in full swing at the time, and this letter illustrates Newton's involvement in the trend.

Medical Society Loan Program

A check for \$3,000 for financial aid to medical students was presented to the Yale School of Medicine by the Connecticut State Medical Society. Dr. Howard Levitin, associate dean for student affairs, received the check on behalf of the school. A check in the same amount was also presented to the University of Connecticut School of Medicine.

The presentation marked the formal implementation of the CSMS financial aid program for medical students developed by the society in cooperation with the two Connecticut medical schools.

In presenting the checks Dr. Frederick C. Weber, Jr. president of CSMS remarked, "This financial aid fund is being initiated in 1972 by the State Medical Society on behalf of its members, in recognition of the need of many medical students to have additional financial resources available to them, when from time to time, their major resources may prove insufficient to meet their total financial obligations.

"This is in no sense intended as a scholarship fund. If it were, its inadequacy to aid even one student would be all too apparent. Rather, our intention is to provide tide-over help through loans to a number of students on occasions when such help may be needed."



Dr. Frederick C. Weber, Jr., president of the Connecticut State Medical Society, presenting checks for financial aid for students to Dr. Howard Levitin, center, and Dr. William Fleeson, associate dean, student affairs, University of Connecticut School of Medicine.

Alpha Omega Alpha

At its November 1971 meeting the Yale chapter of Alpha Omega Alpha, honor medical society, installed the following new members from the class of 1972: Robert Arbeit, Philip Cohen, Norman Dinerman, John Fulkerson, Dorothy Gohdes, Jeffrey Menkes, Jerome Meyer, John Steege, Lawrence Temkin, and Steven Zeldis. Members of the class of 1972 elected last spring were Sandra Deegan, Paul Lucky, Louis Reik, and Richard Robbins.

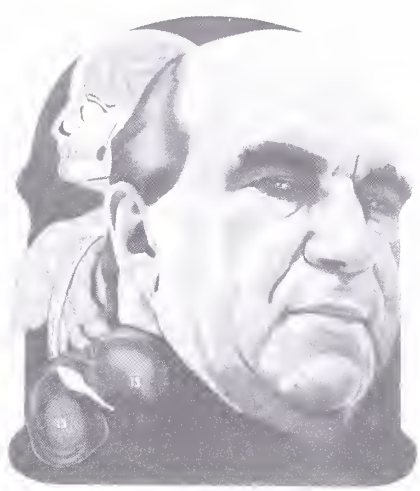
Two faculty members were also elected this past fall, Dr. Howard Levitin, associate professor of medicine and associate dean, and Dr. Levin L. Waters, professor of pathology. Citations read at the AOA dinner meeting commented upon Dr. Levitin's contributions as a clinician, administrator, and teacher and noted that Dr. Waters had inspired generations of Yale medical students and made pathology the meaningful transition from the basic sciences to clinical medicine.

The Seymour L. Lustman Research Award

At a departmental council meeting of the Department of Psychiatry held in December it was proposed and unanimously endorsed that an annual award be established in the department to recognize residents who have demonstrated outstanding research and scholarship. To be called the Seymour L. Lustman Research Award, it will consist of a \$100 first place award and two \$50 second place awards. The residents receiving the awards will present their papers at a departmental research conference in the spring of each year.

Faculty Notes

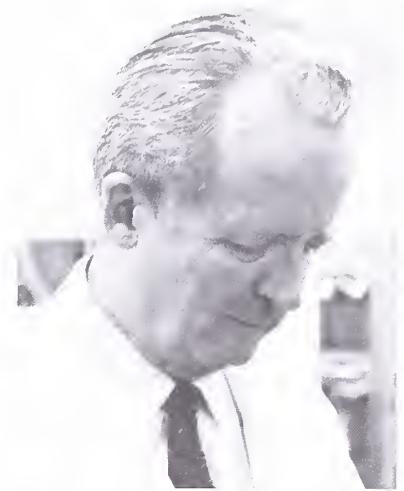
Dr. Morton F. Reiser, chairman of the Department of Psychiatry, was chairman of a symposium on "The Role of Aggression in Illness" at a meeting of the World Congress of Psychiatry held in Mexico City from November 28 to December 4. On December 5, at a meeting in Guadalajara, Mexico, Dr. Reiser was elected president-elect of the International College of Psychosomatic Medicine, of which he is a founder member. Dr. Reiser was chairman of the Section on Psychosomatic Medicine and participated as a principal speaker.



Dr. Robert J. Lifton, Foundations' Fund for Research in Psychiatry professor of psychiatry, received the William V. Silverberg Memorial Lecture Award of the American Academy of Psychoanalysis on December 2. On that occasion he spoke on "Experiments in Advocacy Research." From January 4-6 Dr. Lifton delivered the Berry Lectures at the University of Hawaii on "Psychohistory and the New Man."

On December 9, **Kenneth Keniston**, professor of psychology in psychiatry, gave the Draddy Lecture at Hunter College, New York, the title of his talk was "Student Activism, Past and Future." On February 9th Dr. Keniston delivered a lecture on "Regression, Recapitulation and Pathology During Youth" before the Society of Medical Psychoanalysts in New York City. He also presented a paper at the Conference on Developmental Aspects of Self-Regulation which was held in LaJolla, California from February 18-21.

Dr. G. Morris Dillard, associate professor of clinical medicine, has been elected an alumnus member of Alpha Omega Alpha by the Beta Chapter of Georgia at Emory University School of Medicine. Dr. Dillard's contributions to Yale and to the field of medicine and also the strong support given to him by the Yale students were noted in conferring this honor.



Dr. Gerald Klatskin, David Paige Smith professor of medicine, received an oil painting of himself from G.D. Searle and Company in recognition of his outstanding contributions to the treatment of liver disease. The presentation was made at the School of Medicine on November 17 following a lecture by Dr. Carroll Leevy, professor of medicine at the New Jersey College of Medicine and president of the International Association for Study of the Liver.

A reproduction of the portrait painted by Alex Gnidziejko appeared on the cover of the fall issue of *Clinician*, a journal published by G.D. Searle and Company and MEDCOM. This issue was dedicated to Dr. Klatskin "whose outstanding clinical and research contributions have greatly advanced the treatment of liver disease and improved the outlook for its victims." The Cornell Medical College chapter of Alpha Omega Alpha has recently elected **Dr. C. Elton Cahow, Jr.**, associate professor of clinical surgery, an alumnus member. In announcing this election it was observed that "the Cornell chapter of AOA joins with the Yale Chapter in holding Dr. Cahow in high esteem as a splendid teacher of surgery." Dr. Cahow has been a member of the Yale faculty since 1963; prior to that time he was an instructor in surgery at Cornell.

Dr. William U. Gardner, E.K. Hunt professor of anatomy and former chairman of the department, is one of the ten medical educators and investigators who received 1972 Distinguished Achievement Awards from *Modern Medicine*, a national journal.

Dr. Gardner was among 250 men and women nominated for the prestigious awards which have been given annually since 1934. He is cited in *Modern Medicine* for his cancer research and studies of the role of hormones in stimulating cell growth.

Dr. Gardner has conducted studies on hormonal control of mammary glands which show that large injections of estrogen inhibit mammary growth and reduce the incidence of breast cancer. Estrogenic hormones are now used as a palliative treatment for elderly women suffering from breast cancer. He is now searching to find the answer to a key question: why do hormones that cause abnormal growth in one type of tissue bring about remission in another?

Dr. Joseph R. Bertino, professor of medicine and pharmacology, was visiting professor of oncology at Stanford University School of Medicine in February. In addition to conducting ward rounds, lectures, and seminars at the medical center in Palo Alto, Dr. Bertino addressed the California Academy of Oncology in San Francisco on "Combination Chemotherapy."

1929

Louis Lichtenstein, clinical professor of pathology at the University of California, San Francisco, is the author of a new book on *Diseases of Bone and Joints*, published by C.V. Mosby Company. The 4th edition of his text on *Bone Tumors* is scheduled to appear in May, 1972.

1931

Benjamin Castleman was appointed acting General Director of the Massachusetts General Hospital in January. He has been chief of the Department of Pathology at the MGH since 1953 when he became a professor of pathology at Harvard Medical School. In 1970 he was named Shattuck Professor of Pathological Anatomy the sixth person to hold that chair. Dr. Castleman is widely known for editing the famous "Case Records of the MGH" published weekly in the *New England Journal of Medicine*.

1940

On February 9th **Dr. Paul D. MacLean** gave the G. Burroughs Mider Lecture at the Clinical Center of the National Institutes of Health. The Mider Lectureship is awarded "annually by the Director of NIH to a scientist who has contributed significantly to the biomedical research eminence of NIH." The title of his lecture was "Survival Mechanisms of the Triune Brain: Some Hopeful Aspects." During the past year Dr. MacLean became Chief of the Laboratory of Brain Evolution and Behavior, a new facility of the National Institute of Mental Health.

Patricia Wanning wrote in February about her recent trip to the Caribbean. "We have vacationed frequently in the Caribbean and done quite a bit of sailing. Our most recent cruise was aboard Don Street's venerable 45 foot yawl, propelled by wind and current alone, no auxiliary motor. Happily there was plenty of wind this past January so we were not becalmed, but made good time from Martinique to Dominica to The Saints, to Guadeloupe. Our party consisted of my husband Andy and me, and a couple of old, old friends, Chester Thompson of Framingham, Mass. and Ted Thomas, Yale '33. I adore the

benign warmth of the Caribbean and hope some day to live there the four winter months of the year. Does anyone need a part-time research assistant in the area?"

1942

In a letter sent to friends during the recent holidays, **Leo Kellerman** commented on another visit which he and his wife, Elizabeth, had made to Africa. "Our personal activities revolved around our return trip to Africa for July and August of 1971, taking Leonora with us this time. We worked again at Gatundu Hospital, Kenya, and were pleased to find that the personnel there had carried on and extended the work of the eye clinic and surgical unit we had organized the previous year. It was especially gratifying that our local health campaign to clean the children's faces and "keep those flies away from the eyes" seemed to be having effect in a lower incidence of trachoma and external eye diseases. During August we travelled in Uganda and Tanzania visiting various health facilities, a few game parks and the primitive West Pokot tribe who still wear caps of mud and dung. Leonora, who assisted the nutritionist in the pre- and post-natal clinics and on her home visits in the bush made many friends, can't wait to go back. Africa does get into your blood and we look forward to working there again."

Donald Dieter also sent us a copy of the Christmas letter from **Edgar and Priscilla ('44) Taft**. They reported as follows: "Dr. Dienes and we had had a pleasant winter vacation in Puerto Rico. Later in the Spring we went to Europe for the London meeting of the International Academy of Cytology and visits in Stockholm, Budapest and parts of Switzerland. Since the whole trip took only three weeks, we had brief visits everywhere, but we saw many friends and in Budapest, relatives. The weather was kind and the trip was a great success. We expect to go to Puerto Rico again very soon, after the first of the year — Dr. Dienes for 5½ weeks and we for the

last two weeks of his stay. Otherwise we have very fluid plans for next year. Some to see us if you can — in Boston, or better still, in Stockbridge!"

1947

Robert Chase, professor and chairman of the Department of Surgery at Stanford University School of Medicine, has recently been named the first Emile Holman professor of surgery at that school. This endowed professorship honors Dr. Holman, a pioneer heart surgeon, who was professor and executive head of the Department of Surgery at Stanford from 1926 to 1955.

1948

Herold Griffith, chief of the Division of Plastic Surgery, Northwestern University Medical School since 1970, has been promoted to professor of surgery at that institution.

1953

Louis Del Guercio, director of surgery at St. Barnabas Medical Center in Livingston, New Jersey, has been granted a patent on an instrument for diagnosing conditions of the heart and lungs. An article in the *New York Times* in November reported as follows on this new sensor-analyzer system: "The new system which is shortly to be put into operation at St. Barnabas, the largest hospital in New Jersey, will avoid the usual practice of inserting a catheter into the heart or lungs. Catheterization is far more expensive and requires skilled personnel. In the patented process, the patient is placed on his back with six sensors accurately positioned under his body, and a gamma ray beam is directed from above at the part of his chest to be examined. A nonradioactive dye is then injected into the bloodstream through a vein. The sensors detect pulsations and concentrations of dye." The report also noted that the Physiologic Interface Corporation of Valley Forge, Pennsylvania, has acquired rights to manufacture the apparatus.

1956

Joseph Cerny has joined the staff of the Henry Ford Hospital in Detroit, Michigan

and is a member of the Division of Urology.

1959

The following news items submitted by the class secretary, Asa Barnes, were accompanied by a note saying: "The attached is a brief summary of the current professional activities and family status of a few members of the Class of '59 derived from my Christmas correspondence. It is not a representative sample because no effort was made to give all our classmates an opportunity to contribute; but it is better, I hope, than nothing at all. Moral: if you want to make the Alumni News next year send Ace a Christmas card."

Carol and Bob Amick live in Jamaica Plains, Mass., and practice in Boston. Bob at the Veterans Administration Hospital in medicine, and Carol at Pondville State Cancer Hospital in pathology. A fourth child, their third daughter, arrived last October.

Asa Barnes made the academic scene as an associate professor of pathology at the University of Missouri-Columbia. He is chief of the hematology laboratories and director the internship-residency program. Family: Jean (W), Seth (13), Elizabeth (10) and Christy (1).

Jack Bowers practices ophthalmology in North Andover, Mass. Family: Edie (W), Charlie (4) and Allegra (7).

Lyllal Crary practices urology in Vancouver, Wash., and is an attending at the University of Oregon Medical School. Family: Phyllis (W), Sue (7), Jay (6) and Kathy (4).

Marty Fackler has been practicing plastic surgery in the Navy in Japan. He and wife Nancy are moving to their next duty station in Memphis, Tenn.

Bob Fisher and Suzie this year enjoyed a variety of vacations thinly disguised as orthopaedic meetings. Bob's cover is the Newington Crippled Children's Hospital and Orthopaedic Associates of Hartford, Inc. Family: Brad, Don, Janice and Daisy

Rod Hartmann practices radiology in Savannah, Ga. Family: Nancy (W), Curtis and Karl.

Bill Heydorn is in the Army stationed at Letterman Hospital in San Francisco where he does thoracic surgery and lunch hour

basketball. Family: Joan (W), Barbie, Kathy and (baby) Willie.

John Jasaitis is a general surgeon in the borough of Manhattan, New York, New York. Family: Mary Ann (W), Patricia and Edward G. (11 mos.).

John Marsh is an associate professor at Yale in the departments of medicine and pharmacology and works in the cancer chemotherapy section. Family: Carol (W), David, Virginia and Johnny.

Mike McCabe recently successfully completed his training and his board examinations in neuro-radiology, and he and Amy are considering multiple offers, including an exciting one at the Martin Luther King Medical Center in Watts.

Richard Senfield is an assistant clinical professor of anesthesiology at Yale. Family: Clare (W), Jennifer and Peter.

Dave Skinner is an associate professor and Markle Scholar in the department of surgery at Johns Hopkins. Family: Ellie (W), Linda (11), Kristin (9), Carise (7) and Margaret (2½).

Jim Stagnone is practicing dermatology in Albuquerque, N.M., and investing in condominiums in Taos ski area. Muriel (W) and 4 boys are thriving.

1961

Murray Wittner, presently an associate professor at the Albert Einstein College of Medicine, has been elected to membership in the Undersea Medical Society. This society was founded in 1967 to aid the advancement of undersea medicine and its supporting sciences and is affiliated with the Aerospace Medical Association.

1962

Michael Alderman wrote recently: "I am at Cornell University Medical College in the Departments of Public Health and Medicine, teaching in both areas. We have just come back from a year living in rural Jamaica, where Cornell and The University of the West Indies and the Government of Jamaica maintain a rural health demonstration project, staffed primarily by final-year Cornell medical students. It was a tremendously exciting year. The project is still going, and we are trying to run it from New York City.

On the home front, a second child is expected in April."

1965

In June of 1971 **William Grossman** completed his second year of fellowship in cardiology at Peter Bent Brigham Hospital, where he had also taken his internship and residency in internal medicine. In July he moved to Chapel Hill, North Carolina where he is currently assistant professor of medicine and director of the Cardiac Catheterization Laboratory. He and his wife Melanie have two children and are expecting a third this May.

1968

Alan Finesilver returned to this country last fall from the Philippines, where he was stationed at the U.S. Naval Hospital at Subic Bay. He is now at the National Naval Medical Center in Bethesda, Maryland and writes that he will begin a first-year residency in medicine at the University of Michigan Medical Center in Ann Arbor upon completing his naval duty in July 1972.

1969

David Upton, class secretary, wrote recently with the following news: The class of '69 has spread out all over the country and by now a large number of us are meeting our service requirements to the United States Government. I have heard sparsely from everyone but maybe this article will stimulate the class members to write me letting me know about themselves.

Tom Singer ('70) is residing on a farm in the ecstasy of New England while doing his psych residency at Dartmouth.

Jerry Smallberg is planning families (other than his own) in Atlanta, Ga. for the Public Health Service.

Paul Markey is currently in San Diego with the U.S. Navy having completely recovered from the bends he received while chasing a mammoth grouper while scuba diving off the Island of Okinawa.

I saw **Larry Yateman ('70)** at the American Heart Association convention in Anaheim recently. He looks his old shining self.

Joe, the Rock, Rochford is still jogging around Philadelphia at midnight to keep in shape.

Steve Krant is cutting up in Chicago.

Lionel Nelson, too, is on his way to becoming a surgeon, though I am not sure whether he has decided to do his thing on bladders or the middle ear.

I met an orthopedic nurse from the University of Washington recently, who says that **Dave Schulak** can be found occasionally on or about the orthopedic wards of the University of Washington campus. (Can't I get news from you in any easier way, Dave?).

House Staff

1948

Dr. C. Henry Kempe, professor and chairman of the Department of Pediatrics at the University of Colorado School of Medicine, was appointed acting dean of the school in December.

1949

William Drucker, currently chairman of the Department of Surgery at the University of Toronto, Canada, will become dean of the University of Virginia School of Medicine on July 1. Before beginning his surgical residency at the University Hospitals in Cleveland, Dr. Drucker was an assistant resident in medicine at the New Haven Hospital.

Public Health

1921

Ira V. Hiscock has received the Helen Keller award for activities and contributions toward conservation of vision and prevention of needless blindness, conferred by the National Society for the Prevention of Blindness, New York City.

1938

Richard K. C. Lee is now executive director, Research Corporation of the University of Hawaii, Honolulu.

1948

Dorothy Schober is the associate director Department of Councils and International Programs of the American Heart Association.

1951

Hector R. Acuna was recently appointed Director of International Health for the Mexican Secretariat of Health and Welfare.

Homer P. Hopkins is chief of Planning and Development, Tennessee Department of Public Health, Nashville. He was elected to a four year term on the Executive Board APHA at the October 1971 meeting of APHA in Minneapolis.

Dr. George Kraus left private practice in general medicine to become the Director of Health and Hospitals, Greenwich, Conn.

1955

G. Laverne Corbin-Jones who has served as the Liberian Director of Health Education for thirteen years, has been promoted to the position of Executive Assistant to the Director General of the National Public Health Service.

Frances Ogasawara is on a WHO fellowship in Northern Europe and England working on TB control.

1957

Sylvia Talbot will leave her present position as Guyanan Minister of Health to accompany her husband, Frederick to New York where he will assume his new position as ambassador to the U.N.

1958

Patricia Grimaila, who is currently Director of Field Health Nursing, San Carlos Indian Hospital, Arizona writes that she would like some public health students to "come and see public health action among the First Americans."

E. Field Horine is now a practicing analyst and psychotherapist with the Sanatorium Bellevue in Kreuzlingen (Switzerland) and the clinic on the Zurichberg in Zurich.

1959

Rita Dingman served as the delegate from the A.H.A. Council on cardiovascular nursing to the Annual Assembly of the American Heart Association in November 1971.

1963

Cecilio O. Maningas has been named controller of St. Raphael Hospital in New Haven, Connecticut.

1964

Claire G. Farrisey has been working as special projects coordinator for the Tri-State Regional Medical Program. She writes that she would not have missed the opportunity to be on the ground floor of this "herculean" task for anything!

1967

Dr. Beth Murphy was married April 3, 1971 to Stephen H. Whelan. She received her Doctor of Science degree in Population Sciences from Harvard School of Public Health in June 1971 and is now working for Planned Parenthood-World Population.

1968

Cornell Scott has been named project director of the Hill Health Center in New Haven, where he had been serving as acting director for the past six months.

1969

Robert L. Young is now Director of the Maryland Consortium for the Health Sciences, newly established in Baltimore to develop health manpower training modules that are both laterally and vertically open-ended.

Alumni Day Program

Saturday, June 3, 1972

Registration

Medical Library, Sterling Hall of Medicine

9:00 - 11:00

Coffee Service for Alumni

9:30 - 10:30

Surgical Conference

10:30 - 11:30

Special Round Table Discussions

I. "Allied Health Manpower — Slogan or Reality?"

Howard Levitin, M.D., Associate Dean

John McGavack, Assistant Superintendent, Department of Education,
New Haven, Connecticut

II. "Medical School Admissions — an Impossible Task?"

Gerard N. Burrow, M.D. ('58), Associate Professor of Medicine

Lawrence K. Pickett, M.D. ('44), William H. Carmalt Professor of Clinical
Surgery and Pediatrics

III. "Human Genetics: Medicine, Magic or Myth?"

Leon E. Rosenberg, M.D., Professor of Pediatrics and Medicine

Maurice J. Mahoney, M.D., Assistant Professor of Pediatrics and Medicine

Edward Adelberg, Ph.D., Professor and Chairman of the Department of
Microbiology

12:00 - 12:30

Sherry — Edward S. Harkness Lounge

12:30 - 2:00

Buffet Luncheon for Alumni, Wives and Faculty

Edward S. Harkness Dining Room

2:30 - 4:00

Afternoon Program for Alumni and Guests — Mary S. Harkness Memorial Auditorium

Annual meeting of the Association of Yale Alumni in Medicine

Alumni Day Speaker: Myron E. Wegman, M.D., ('32), Dean, University of
Michigan, School of Public Health

4:30 - 6:00

Social Hour for Alumni Wives and Faculty

Medical Library Exhibit

"Mercury in History," an exhibit organized by George Rosen, M.D., Professor of
History of Medicine

Individual Class Parties and Dinners for the five year reunion classes ('22, '27, '32, '37, '42, '47, '52, '57, will be held in the evening. Information will be available at the Alumni Registration Desk.

YALE MEDICINE

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Medical Alumni Day and Class Reunions will be held Saturday, June 3, 1972

Yale Medicine

Alumni Bulletin of the School of Medicine / Spring 1972

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Yale Medicine

Alumni Bulletin of the School of Medicine / Spring 1972, Vol. 7, no. 2

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Photographs: cover, p. 4, C.W. Greenwalt, courtesy The American Museum of Natural History; p. 2, 3, Lawrence Freedman, M.D.; pp. 12-16 Joseph Kamuck, Jr.; p. 20, left, Grace Goldin, center, Joseph Kamuck, Jr., right, Yale News Bureau.

Cover: *Trochilus polytmus* — species of hummingbird known as the "doctor bird", in Jamaica, where some say, it is more abundant than any other bird.



by Lawrence R. Freedman, M.D.

Dr. Freedman, professor of medicine, served as chief of medicine with the Atomic Bomb Casualty Commission in Hiroshima from 1962 to 1964. While in Japan he visited a school of acupuncture and observed the methods of instruction.

Acupuncture has been practiced in China for about five thousand years. One would have expected that perhaps with the advent of modern medical science acupuncture would have lost its hold in the Orient. It seems that just the contrary has taken place. Acupuncture has not lost its hold in the Orient, and indeed, it has spread throughout Western Europe and most recently has had a dramatic impact on the United States.

Acupuncture gained a firm foothold in France and Germany in the 1930's as evidenced by the formation of the International Society in Paris and the *Deutsche Zeitschrift für Akupunktur*, a bi-monthly journal published in Germany. In Britain in the early 1950's an article about acupuncture appeared in a magazine called *Woman's Own*, to which there were ten thousand reader inquiries immediately after publication. Dr. Felix Mann, a physician and founder of the British Acupuncture Society, is the author of a number of books on the subject including "*Acupuncture, the Ancient Chinese Art of Healing*", first published in 1962. It was released in paperback in the United States recently.

In Japan as in China, acupuncture is a traditional form of medicine. It is an occupation reserved by the government for individuals who are legally blind. When I was in Japan it was generally felt that the practice had seen such success in Europe that Japan was lagging behind and there was considerable pressure on the Japanese government for support of acupuncture institutions.

The flurry of articles about acupuncture published in American journals during the past six months have indicated an atmosphere of religiousness and mysticism connected with acupuncture. Certainly the marriage of this method of healing with religion is a real one. For example, moxibustion, a process whereby "fuzz" from a wormwood plant is slowly smoldered over the acupuncture spots of the patient, is often carried on in religious temples.

The atmosphere that prevailed in the acupuncture school I visited in Japan was one of solemnity and serenity. The odor of incense-like materials burning added a musty, mystical quality to it all. There was very much a healing or purposeful kind of atmosphere generated at the school. The

emphasis that one sees over and over again is on belief.

In spite of the fact that acupuncture has been practiced for thousands of years, references to its use as anesthesia have been scant until this past year when reports were published by various individuals who visited China. It is clear from these reports that there are selective procedures applied to the use of acupuncture anesthesia. Dr. Samuel Rosen, one of the members of the medical group which recently returned from China reported in the *Hospital Tribune* of April 3, 1972, "The surgeon decides if the patient is suitable for acupuncture anesthesia. He tells the patient why he believes that acupuncture is good. If a patient is very nervous, tense, high strung or frightened, conventional anesthesia is used. In any case, should it be needed, the latter is on hand in the operating room." Dr. Rosen goes on to say that each candidate for acupuncture anesthesia is given 50 mg. of Demerol before the operation.

This is a rather interesting fact. There is reason to believe that there are differences in the way drugs are handled among people of different generic backgrounds. We know that the Japanese respond dramatically to alcohol. It is difficult to know what the effect of Demerol has on Oriental people, but one would suspect it is more powerful than it is on Western people.

Nevertheless, the descriptions of acupuncture as used for anesthesia are spectacular. There are films and reports from reputable observers telling of patients awake and sipping tea while undergoing major operative procedures. It should be possible to determine whether this effect is reproducible and applicable to a significant number of people and whether such phenomena as hypnosis are involved. Some patients are very susceptible to hypnosis while others are not. These are some aspects of the problem which could be analysed.

What is surprising to me is that these spectacular results were not reported before and subjected to the kind of analysis that scientific observations usually are. I realize that there has been little in the way of scientific publication from China since the cultural revolution, (however, when the synthesis of insulin was accomplished in

China, this managed to get published, and indeed the individuals responsible were awarded a Nobel Prize.) I would think the anesthesia aspect of acupuncture could be settled with reasonable dispatch.

The use to which acupuncture has been put during the 5,000 years prior to the advent of its use as anesthesia would be a much more difficult thing to investigate. It is in this area where I think that although there has been ample opportunity for the presentation of data, the data I have been able to find are totally inadequate to demonstrate any effect other than the one which after all, is useful to the majority of patients who come to see a physician.

In a recent study about folk medical practices in Nigeria, Dr. Una McLean, a physician, pointed out that in both Western and native African populations, many complaints are self limiting; many patients have chronic illnesses with alternating periods of remission and relapse, and many patients seek medical help because they are anxious or upset for one reason or another.

"Whether the patient is on the National Health Service in Britain and goes along to see his general practitioner or whether he lives in an African village and visits the herbalist, if in fact, he is suffering from one of these three types of disturbances the prescribed treatment will be credited with the cure."

In this sense I don't think there is any reason to doubt that acupuncture is of therapeutic benefit to those patients who are treated in a proper cultural setting — just the way a week in Baden Baden, Bad Gastein, Evian or Davos is also therapeutic.

There is much in Western medical practice which also carries with it such overtones of curative properties. For instance, the traditional sight of many framed Latin inscriptions on the wall of a physician's office lends a kind of atmosphere which persuades the patient that he is in the right place to have something done for him. I think each society has these "persuaders" and these persuasions are useful. There is a role for benevolent authority in the society and the physician, to a large extent, plays that part. The acupuncturist in the Orient plays the part in his society and the herbalist and the medicine man in Africa and South America play the part in their societies.

The effect of their treatment however, must be clearly distinguished from the effect that physicians accomplish when they give a diabetic insulin or a pneumonia patient penicillin. I don't think the acupuncturists would claim they are a substitute for insulin or penicillin. I think they claim to deal with those illnesses for which Western science does not, at the moment, have a specific remedy. The danger, in

terms of the patient visiting such a practitioner is that he might have an illness for which there is a specific remedy. In such a case, illnesses for which specific therapy is available might be overlooked or misdiagnosed.

An article on Chinese medicine which recently appeared in *Science* stated, "Although the practice of acupuncture has long been known in the Western world, it has never found favor here because no rational explanation has yet been provided for the effects of needles inserted into various locations."

This would suggest that we in the West only undertake treatment when we understand the mechanism of action. Unfortunately, we are far from being able to make such a claim. For example, we are only beginning to understand the mechanism of the action of aspirin. This has certainly not prevented us from employing it as one of our most useful therapeutic agents. But further, the statement suggests that needles *have* an effect — and this is where we get into a very tricky area.



Sicklelema: The Doctor Bird Visits A Political Arena



by Robert E. Galloway

An interpretative composition of personal experiences in and around sickle cell anemia both in the Jamaican West Indies and the United States. In addition to serving as the model for the molecular basis of inheritance, sickle cell anemia may serve to dramatize that neglect of urgent medical problems undermines a system that pretends to address itself to these; this ultimately leads to confrontation.

It was the evening of March 9, 1972, and I moved rapidly through the crowd of strange faces and noises. At last I reached my destination. . . the main door of the conference room. I paused, straightened my tie, and cautiously approached the front of that giant room which, with the exception of a few rows of seats in the front, was filled to capacity. My watch showed 7:27 but my colleagues were nowhere to be found. While reflecting upon the enormous size of the gathering I suddenly recognized a familiar face coming towards me. . . with a smile and hand extended. It was Mr. Barbaresi, superintendent of the New Haven Education Department. He spoke. . . "Who said the Board of Education couldn't turn them out? . .

Good to see you." A deep sense of satisfaction swept through me as he departed, for his attitude had conveyed full compliance with the proposal we were to present and victory for all who had worked for its adoption. Indeed, the proposal was a statement of public policy about to be read, the subject matter of which had prompted reporters, cameramen, educators, and parents to the occasion. My colleagues arrived and were seated.

Voices died spontaneously and hundreds of eyes and ears watched and listened to the various board members display their aptitudes in parliamentary procedures. Finally, the words we had waited for came, . . . "Mr. President. . . the first order of business concerns the Sickle Cell Committee of South Central Connecticut." Silence prevailed. Dr. George Harris, assistant superintendent of schools, approached the bench, with a statement of policy in hand. Cameramen assumed their positions while reels rolled and bulbs flashed. Only six small paragraphs comprised the policy statement and yet underlying them were untold months of agonized but uncompromised spirits. My mind drifted at that moment, away from the lights, the TV equipment, and the voices. . . and sought to piece together the whole phenomenon, which for me had curiously begun in the Jamaican West Indies in July of 1970.

The Carribean sun had begun its descent into the sea beyond the Ac-kee laden twin-peaked mountain, signaling for me the end of a long day of practical research. I felt particularly pleased that evening because the five weeks of accumulated data suggested that the deficiency of a specific factor probably exaggerated ulcerative infectious processes in patients with sickle cell anemia (SCA). I'd long since tired of isolated theoretical manipulations of SCA which, though valuable as a teaching tool, often merely served to bolster egos of intellectual gymnasts. A sense of meaningfulness engaged my personal composite, for should my data hold up under scrutiny, it could considerably reduce the morbidity of the disease.

While driving home I noticed a bed of strangely exotic and alluring flowers. Desiring a better look, I stopped the car, and approached. Only the fragrance excelled the beauty of those majestic multicolored petals. . . a judgement which closer observa-

tion proved, was shared by an equally attractive visitor. Neither was he swayed by my presence nor did he alter in depth or rate from the task set before him. Curious was his hesitating mode of flight. . . and curious again was the humming sound which appeared to be emitted from his body. Later, I would discover that he indeed was the national symbol. . . the hummingbird or as the Jamaicans prefer, "the doctor bird". But the name was more than a coincidence for the natives believed that its long bill was analogous to a needle, and that this exotic creature lived only to go from flower to flower injecting them with a magical life-sustaining potion. I chose not to challenge the legend but commented only that the splendid and plentiful flora throughout the island was testimony that he'd done a most efficient job. For his dedication and efficiency the doctor bird was truly honored.

It was getting late and I had tarried long enough. Off I sped. Upon turning into my driveway, I suddenly realized that I was not destined to get home soon that evening, for about ten feet in front of me was a young man lying off the side of the road. His physical findings and associated symptomatology were not unfamiliar. Excruciating abdominal discomfort, icteric sclera, ulcers over the lateral and medial malleoli, and a tall asthenic stature were all indicative of SCA. With tears streaming down his cheeks he obeyed my beckoning to get into the car and I drove back past the laboratory to the clinic. After appropriate analgesia and a few hours of rest, he was improved and very grateful. I decided to carry out a more detailed physical examination, explaining in simple terms as I went along. Other than a Grade 1 systolic murmur at the left sternal border, slight spooning of the nails, and the above mentioned findings, there was nothing remarkable. I had been keenly alert for abdominal scars and needle marks. Because of SCA's ability to mimic an acute surgical abdomen such as perforated ulcer or appendicitis, many unnecessary operations have been performed by less than astute surgeons. And because of the painful crises which are oftentimes unrelenting, excruciating, and minimally responsive to analgesia, thoughtless repeated administration of potent narcotics have converted these patients into addicts.

What was remarkable was the fact he had been compelled by school authorities to leave school at a very early age because of his leg ulcers and had never had a physical exam. Despite the barrier of our different accents, I followed the exam with very little genetic counseling. Though I doubted his awareness, he nodded affirmatively (as is the custom of Jamaicans towards foreigners) and departed. I was late for the evening. . . a fact which my father reminded me of for several days to me.

The following morning was ushered in by a startling, though delightful, visit from my patient and several of his friends. He had brought them several miles to the University Epidemiological and Research Unit housing complex where we were staying, to learn about SCA and get a free medical examination. Though I consented to give a brief discussion, I excused myself from the exam, referring them instead to the local clinic in order to keep an appointment with the British hematologist with whom I was working. I met Dr. G. Sargeant at the Kingston airport and from there we took a small aircraft to the sickle cell clinic in Montego Bay, on the other side of the island. Though my patients' actions could not serve as an example, transportation for the barefooted and poor average Jamaican over dense vegetation and mountainous terrain, was time consuming and often impossible. So instead we went to them. Later I reflected upon the morning visit and the experience of the "doctor bird", for embodied therein was a rather profound statement which would haunt me throughout my remaining weeks in Jamaica. . . and beyond to America.

Once back in the States, the curious dilemma that was left for me to attempt to resolve was this: the conspicuous ignorance of SCA in Jamaica was partially excusable. In that poverty stricken country, schooling was discouraged and work at an early age was the rule. To the few schools that did exist, transportation was difficult. And finally, perhaps due to climactic and/or other factors, apparently those with the disease led a relatively benign existence, and therefore had lessened incentives to learn.

But why were the vast majority of blacks in the United States equally obli-

ous of this hemoglobinopathy, i.e., Hgb SS. . . the most prevalent lethal inherited disorder on earth? Reputedly this country was second to none in transportation, education and communication. Surely the fact that approximately 60,000 Americans have a disease which shortens the life span to less than 25 could not be considered insignificant. Obviously central to the issue was the fact that the disease has an almost exclusive impact upon people of African ancestry. Less obvious but of considerable significance, nevertheless, was the poorly structured system of health care which conceptually stressed cure rather than prevention.

It was no coincidence that this and other disparities in standards and delivery of health care were made manifest at a time following the emergence of variably based liberal health movements and the increasing enrollment of blacks into the health sciences. Subsequently, the legislative structure underwent an almost blinding metamorphosis from malignant neglect to near infatuation. Many commitments were made, some out of sincerity, some out of guilt, and some because it was fashionable or advantageous to do so. But regardless of the reasons, all contributions helped turn the tide.

The fervor of involvement did not spare the black medical students at Yale. Their sense of motivation stemmed from a longstanding, silent recognition that their particular heritage had served as the most significant hindrance to meaningful diagnosis and treatment. For many, the ameliorations of that disturbing state of double standards was intricately interwoven in their quest for identity and equality. SCA, as an unfortunate component of ubiquitous emotional problems of poverty, prejudice and politics, was denied its due recognition as an urgent medical problem, and relegated to the singular role of serving as the classical model of the molecular basis of inheritance. To accomplish the task of unraveling those tentacles endeavoring to obscure the true dimensions of the disease, the new health science students chose to incorporate into their armamentarium unity, sacrifice and energy.

Success necessitated a multifaceted team approach by physicians, lawyers, educators, health science students and most impor-

tantly, community members. For a multitude of fears, suspicion, and ignorance permeated the coalition even before it was structured. But begin it must. . . and begin it did in September 1971 when Mrs. Phyllis White, a black lady from the New Haven community made an appointment with Dr. Howard Pearson, professor of pediatrics and director of pediatric hematology at Yale, in quest of any advice regarding solutions for SCA. Her interest was heightened by the fact that she had a close relative with the disease. Dr. Pearson introduced her to two black third year medical students, William Chocktaw and Gary Grimes, who were taking a pediatric clerkship.

Enthusiastically, they agreed to meet one week later, but at a place removed from the University and its Medical Center. This singular gesture symbolized recognition of the necessity of community control over community programs. It also diminished, at least in part, a basic fear that this be a continuation of past efforts by medical institutions, which had been interpreted as using blacks for every reason *except* therapeutic advancement. The Dixwell Avenue United Church of Christ was chosen as the locale for the meeting. Those in attendance consisted of medical students, community representatives, parents, and Black Panther party members. Consensus welcomed the designation. . . the Sickle Cell Committee of South Central Connecticut (SCCSCC). Articles and by-laws were proposed and much meaningful discussion ensued.

Despite the fact that few diseases are as well understood as SCA, no cure or completely effective treatment for the painful and debilitating aspects is in sight. Experts have considered bone marrow transplantation, carbamylation and the urea treatment, . . . none of which is hazard free. The only avenue available is therefore accurate genetic counseling.

Herein, lay numerous labyrinthine ethical issues that defied complacency. How far should genetic counseling go? While superficially the programs for detection and education appeared rather simple to design and execute, the resolution of the counseling issue was destined to plague the committee for weeks to come. Aside from raising the inevitable issue of black genocide, over zealotness in this area would

infringe upon the inviolable right of all to marry as they willed. What was less obvious, but equally valid, however, was the right of all people to free access to all knowledge affecting their lives. The task of SCCSCC was therefore defined to be simply to provide those at genetic risk with the factual information and education necessary for them to make informed personal decisions with respect to marriage and family raising in the future.

Presentation of facts, however, can be more destructive than ignorance or neglect if the facts are incomprehensible to the recipient, who is often an emotionally tender child. Informing such a person that they are positive for the trait necessitates that they understand that they are normal, i.e., without clinical symptoms, lest they become frightened. So *delicate* is this issue that all those who have influential and intimate contact with the child and access to medical records, ought to be educated. That includes educators, parents and even doctors (who are oftentimes themselves ignorant of the facts).

A less obvious but most potent ubiquitous and influential source in urgent need of education is the mounting tide of news-reporters, sensationalists, insurance agents and others entrusted to disseminate information or draw conclusions concerning SCA. They would (either because of ignorance and/or selfish motives) exaggerate the incidence of clinical complications in trait carriers associated with anesthesia, unpressurized aircraft or strenuous exercise. A case in point stems from an experience during the New London Sickle Cell Program in 1971 when a substantial number of students at one school changed their minds and refused to have their blood taken after hearing that an insurance company had refused to issue life insurance to a girl who had sickle cell trait. To this army of "mis-informed" the following facts must be re-emphasized: trait carriers have life expectancies equivalent to those with Hgb AA; trait carriers show no difference from those with Hgb AA in the incidence of fertility or abortion; and many more trait carriers have successfully competed in rigorous professional athletics and Olympic championships, than have had mishaps.*

These and many other issues pre-occupied several weekly meetings. In

October the committee divided into three groups: education, screening, and counseling. Drs. Howard Pearson and Leon Rosenberg served as professional advisors. At the beginning of November, Bob McAllister, public health student and SCCSCC representative, reported to the committee concerning the National Sickle Cell Meeting in New York City, and shortly thereafter it was decided to channel our energies primarily at the high schools, for the following reasons: 1) large numbers of children were accessible; 2) they were at an age where terms such as genetics, inheritance, and hemoglobin were comprehensible; and 3) they were approaching marriageable age and hence knowledge of sickle trait would have personal relevance for them. It was also re-affirmed that unless the testing were preceded and followed by a meaningful educational program, it would be of limited value.

The education group then outlined a twenty minute general discussion in which the basic facts about SCA and trait were explained. Also described were the objectives and details of the testing procedure but the terms used were neither overly simplified nor overly technical. Attractive visual aids, e.g., projected slides, would highlight the educational aspects. Throughout Phase I, i.e., the introductory lecture directed to the teaching staff followed at a later time by a similar lecture directed to those students actually to be tested, particular emphasis would be given to the benignity of sickle cell trait in order to avoid raising unwarranted fears. All lectures given by a team of two medical students accompanied by a physician would be followed by open question and answer periods.

Consideration was given to the idea of setting up a continuing program, on a state wide basis, for the detection of abnormal hemoglobins. Such a program could be particularly advantageous by incorporating into the school curricula, e.g., textbooks and lectures, educational material about inherited blood disorders. Sickle cell hemoglobin states, undoubtedly would provide a far more interesting and, in this setting, a more relevant model of genetic principles than *Drosophila melanogaster* or the standard Mendelian examples such as smooth and rough coated peas! Finally,

this kind of educational program could easily be extended to include inherited diseases such as Tay-Sacks, G6PD deficiency and thalassemia.

In addition to community leadership and expert professional input, intra-school structures would be relied upon. Spot announcements by school administrators describing the testing procedure several weeks before would contribute to the overall success of the program. And those school leaders such as office holders and basketball stars who would consent to having posters distributed of themselves being tested would be invaluable.

The screening committee decided that any large scale screening program must be rapid, simple to perform, accurate, definitive and inexpensive. A capillary method of hemoglobin electrophoresis developed at Yale by Dr. Marshall Barnes met the requirements. An additional dividend is that a hematocrit is performed during preparation, and so an assessment of anemia is also possible, since anemia is not infrequent in the population being tested.

In order to minimize disruption of school routine, testing would be performed in a central area at each school and sufficient numbers of workers would insure a rapid completion of the registration and blood sampling procedures. Afterwards the blood samples would be transported to the state laboratory for electrophoretic analysis. Of three copies of the results, one would remain at the state capitol in Hartford, one would be sent to the local health director, and one would go to the primary physician of the project. These reports, together with an additional card self addressed to the student, would state the hemoglobin type (Hgb AA, AS, AC, etc.) and the hematocrit reading and, above all, would be considered *privileged* information.

The counseling group chose *individual* follow-up counseling as being more effective than *group* sessions since the latter could prove embarrassing to the parent and/or student. Medical students, student nurses and postgraduate students in the Department of Epidemiology and Public Health are interested in this facet of the program; however, committee representatives will be given priority for this assignment.

Toward the end of November, Mr.

Barbaresi contacted the committee and requested that a copy of the proposal be submitted to the Board of Education. It was submitted for approval, rejected for lack of specificity with respect to nebulous health issues, and resubmitted. Weeks passed, but no word issued from the Director of Health in New Haven, either directly or indirectly through the Board. Christmas vacation arrived, and the committee recessed.

In January of 1972 a Forum on Sickle Cell was held at the Hillhouse High School. Over a hundred participated, including physicians from Yale, biochemists from the state laboratory, aldermen, ministers, and representatives of the Board, the Black Coalition, the Urban League, the American Red Cross, Community Progress Inc., the Dwight Concerned Citizens, the Drug Dependency Unit, and the Medical Committee for Human Rights.

Collectively, they resolved to use their influence to see that the proposal was passed, even if it meant contacting Mayor Bartholomew Guida.

These diverse religious groups, educators, and politicians had been prompted into a real cohesiveness by their common concern for SCA and disdain for obstructive servants of society. Seizing the momentum, the SCCSCC called a press conference and re-affirmed for all to hear the committee's intention to educate, screen and counsel with the cooperation of the Board of Education and the Director of Health.

As anticipated a board representative quickly contacted the committee and volunteered full support. Two weeks later the director met with Drs. H. Pearson of Yale and W. Vincent of the State Health Department, Mr. G. Harris, assistant superintendent of schools, and members of SCCSCC. All were in agreement except for the issue of guaranteeing the confidentiality of the data.

Several members of SCCSCC felt a compelling need to guarantee the confidentiality of the data of students with sickle cell trait, in part as a result of the experience in New London in 1971. Also of concern were the obvious political ties in the Board of Education and Health Department and hence the predisposition for variable degrees of manipulation. The SCCSCC proposed: 1) the incorporation of a strong confidentiality clause, signed by the

director, into the proposal; and 2) the allocation of the role of primary physician to Dr. Howard Pearson. The reasons for that unanimous choice were: a) he had served in that role in the New London Sickle Cell Program and was a primary advocate of absolute confidentiality; b) he was medical advisor to the Connecticut Sickle Cell Foundation as well as SCCSCC and thoroughly familiar with genetic principles and the clinical aspects of abnormal hemoglobin syndromes; and c) there would be a broader base of responsibility and fewer political ties. While the local health director deliberated the Board approved phase I of the proposal.

On March 6, 1972, SCCSCC activated the first part of phase I and entered three New Haven high schools: Hillhouse, Lee, and Cross. The educators assembled and were informed. The question and answer periods that followed were overwhelmingly enthusiastic and illuminating for all participants at all three schools. Phase I was a success.

On March 9, 1972 three SCCSCC representatives (Mrs. Phyllis White, Mr. Robert McAllister and myself) met with the New Haven Board of Education. Mr. Stephen Papa, the president, was presiding. The fifth and most important paragraph of the proposal was read: "Therefore the New Haven Board of Education approves the statement, 'A Proposal for sickle cell testing in the New Haven Public Schools' as submitted by the Sickle Cell Committee of South Central Connecticut and as amended to alter the dates of screening from the week of April 11 to the week of April 24, 1972." On March 27 phase I was completed; however, activation of phase II was postponed until May 2.

Some disease entities are treated as medical problems. Others are a tragic component of the diffuse issues of poverty, the emotional ramifications of prejudice, and the multifaceted web of politics. Sickle cell anemia is such a disease. And yet a truly efficient doctor must ultimately challenge all those barriers that hinder and obscure progress. Only then can he hope to elevate the sick to a higher level of functioning, inculcate into a child a true meaning of life, and into himself a sense of honor that would rival even "the doctor bird".



Robert Galloway is a member of the class of 1973, Yale School of Medicine.

*On Monday, May 22, 1972, Dr. Felix Konotey-Ahulu, visiting professor from the Department of Medicine and Therapeutics at the University of Ghana Medical School, spoke to a capacity audience in the Trask Room of Yale New Haven Hospital. "In all of my years as director of the largest sickle cell anemia clinic in the world, and in a country (Ghana) where the incidence of carriers is one out of three, I have yet to see a single complication with sickle cell trait."

The Bird Watcher

Elisha Atkins, M.D.

The first of a random series written by faculty about their extracurricular activities.

Dr. Elisha Atkins is professor of medicine as well as a bird watcher.

Why watch birds? This seems like a reasonable question to most people, except for those of us who are bird watchers and who, like mountain climbers or fishermen, do our thing because the birds are there. Perhaps, to make such a hobby plausible, I should begin with a fragment of autobiography. I grew up in the country — a large unbounded area of pastures and woodland, punctuated by swamps and ponds, outside Boston. It was easy to roam in one's spare time — there was more of it for the uncommitted and unmedia-processed members of my generation in the late 20's and 30's. The first, faint fragrance of early flowers and earth in the spring, the unfolding of blossom and foliage in May, the shimmering heat and hush of a midsummer's day and later, the procession of color across the hillsides in a New England fall — all these were familiar recurring experiences in my childhood, spent only a few miles away from Walden Pond. Birds were in the landscape — they came and went with the change in seasons. Spring was the disappearance of junco and the arrival of robin and bluebird as the snowbanks settled and steamed; May was heralded by the hidden caroling of orioles in the elms. It was as natural to see and know birds by their songs as well as their appearance as it would be for a city-born youngster to know the sights and sounds of his urban surroundings. And there was my mother who was a lover of nature in its many forms — a person with an insatiable curiosity to know the names of things — spread equally across plants and animals, butterflies, shells and stars.

Perhaps, at this point, I should attempt to define a bird watcher. As in all amateur sports, the range of dedication and skill is wide — from casual window observations at bird feeders in the winter to full scale expeditions into far-out places in search of novelties or rarities. Some bird watchers are solitary introverts, more friendly with nature than man, whereas others go afield regularly with companions to share their finds. Some look for birds almost incidentally, while others pursue their quarry methodically in organized squads, like

predators. Some are impressed with beauty, others with numbers — whether of individuals or species identified in a day or a year. Detailed records of observations or simply a notation or checkmark on a list may suffice. The "lure of the list" attracts birders across the country twice a year when birdlife is censused on a single day during the period between Christmas and New Year's Day and again in May when a flood of migrant songbirds sweeps northward through the woodlands. During census times, territories are staked out, time is extended from long before dawn until long after dark, rivalries flare and records are impugned or defended with the zeal of challenging bull fur seals.

Less dramatic, but perhaps more pervasive than these excursions into the numbers game is the joy of discovery or reacquaintance with birdlife as a part of nature. With their power of flight and amazing feats of migration (some, like certain sea and shorebirds, may travel 10-20,000 miles a year in completing a circuit from summer to winter grounds), birds may symbolize a freedom that we have forfeited in sedentary "lives of quiet desperation." Pursuit of birds may take the more adventurous of us to exotic lands for birds are literally everywhere, from polar ice fields to the arid wastes of the Sahara and the depths of cypress swamps and jungle caves.

But what do I especially remember and why do I still do it — when new birds are rare and hard to come by? The pleasures of renewed friendships (both human and avian) in familiar or strange locales is a strong incentive. Each year in the first week of May at Atlantic City, a small but increasing group of us makes an early

morning pilgrimage to a nearby wildfowl refuge at Brigantine. The clamor of geese rising from the marsh, the motionless elegance of egrets fishing in the shallows, the aerial evolutions of shorebird flocks massed enroute from Argentina to Alaska – these are a perpetually refreshing reminder to me of man's community with other living things, and of the many roles of nature that will survive us, as they have preceded us in the development of life. One thinks of Darwin on the Galapagos Islands, patiently recording the variations in habits and appearance of the diverse little group of finches that were to bear his name and later suggest to him, by their underlying similarities, the momentous idea of evolution.

My interest in birds has made me especially aware of the drastic changes in wildlife we are imposing through "progress", stupidity or neglect. Many birds, like ospreys, peregrine falcons and brown pelicans are struggling to survive as DDT has destroyed their capacity to reproduce. Eagles and hawks, like other vermin, continue to be shot or poisoned by western ranchers. Bluebirds, a common sight in my youth, have nearly disappeared from our orchards, driven out by starlings introduced 100 years ago from Europe.

Certain adventures in bird watching persist vividly in my memory; my first albatross, seen from a porthole on a troopship in 1943, its vast sabre-like wings set in an arc as it rode high in the center of a violent rainsquall which momentarily blended sea and sky in the South Pacific, one of Europe's last sea eagles (the 'erne' of crossword puzzle addicts) plummeting from the sky to strike its seabird prey in mid-air along a lonely stretch of coast in western Iceland; the California condor, a huge vulture-like remnant of the Pleistocene, majestically flapping and soaring past its cliffside eyrie at dawn in a remote



canyon near Santa Barbara; or the seemingly endless lines of sooty shearwaters migrating south off the coast of the Olympic Peninsula, homeward bound to New Zealand after circumnavigating the Pacific. These and many more experiences symbolize for me a side of nature that is wild and untamable. But the presence or return of more common birds here in Woodbridge is no less satisfying – the cheery notes of a chickadee on a bright winter day, the first song sparrow of spring in the tangle near our house or a thrush's flutelike melody at dusk.

Bird watching may have its unpredictable and lighter moments too. At the end of a May day's census, I was parked off the side of the road with 2 young boys to see if we could add any more birds to the list. A police car spotted us in its searchlight and as the officer peered inside at my old Marine jacket and unshaven face, demanding to know what we were doing and suspecting the worst, one of the boys with a high pitched youthful voice exclaimed enthusiastically "Oh, we were just listening for whip-poor-wills!"

Thus, the fascination remains – for me and for millions of other bird watchers here in the U.S. and elsewhere. Requiring little other than binoculars, a guide, a sturdy pair of feet (and occasionally a good alarm clock!), the sport or art of bird watching will surely continue to delight generations to come – as it has delighted even kings, statesmen and generals in the past.

I would like to announce two important recent events.

One is the establishment of the Department of Human Genetics which I consider a major step forward and an event of great significance. Under the chairmanship of Leon Rosenberg this will be an endeavor in both the clinical and basic science areas and will draw on talents throughout the university.

The second endeavor is the establishment of a Section of Cell Biology under the leadership of George Palade, a most eminent scientist in the field of cell biology, who will come here from Rockefeller University, bringing with him a team of outstanding scientists. This, beyond any doubt, will help pull our basic sciences together and make them exceedingly strong. For all practical purposes this section is really a department.

There is under discussion, in rather final phases, an endeavor to establish an interdisciplinary division in the field of cancer. Here we are responding to national efforts to make a very significant thrust in the field of cancer both in basic research as well as the application of research to clinical medicine. We have considerable talent here in this field.

Louis Welt, the new chairman of the Department of Medicine, will be here on July first. He is full of vigor and looks forward to this very important job with a great deal of enthusiasm. I want to take this opportunity to wish Phil Bondy well in his amply earned sabbatical in London. I also want to take the occasion to thank particularly Sol Schwartz, who has been functioning as acting chairman of the Department of Radiology for the last few months.

Of course the most important recent event is the appointment of the new dean, Lewis Thomas, which I greet with real enthusiasm. Lew Thomas is one of the outstanding men of biological science and medicine in this country. I feel very optimistic about the new leadership of the school.

As this is my last appearance before a faculty meeting, let me talk to you about the last five years and what has happened. For one thing the school has grown a good deal. Let me cite a few figures. The full time faculty since 1967 has grown from

578 to 740, which is a growth of about 25 percent. The part time faculty has grown from 588 to 686.

The growth in the number of students has not been as remarkable. I believe the discrepancy between the growth of faculty and students is something to think about. We have increased the total number of medical students from 349 in 1967 to 378 in 1972, which is eight percent. The Department of Epidemiology and Public Health, which as you know, is accredited as a separate school, showed an increase of five percent from 116 to 147. There has been an increase of house staff from 225 to 285. The increase of students of all types is considerably smaller than the growth of faculty. It is difficult to say whether such growth is good or bad or indifferent. Any healthy enterprise has a tendency to grow.

We have increased the number of minority students and women students very significantly. Among the total enrollment of medical and public health students combined, we had in 1967 three minority students. Today we have 64. That's quite an increase. In 1967 we had 69 women in these schools, today we have 90. In the medical school itself, we have in the last year doubled the number of new women students.

While we had this growth in students and faculty, we had a relatively small growth in space. During the past five years the only new construction was a small addition to ophthalmology, but there will be a new Laboratory of Surgery, Obstetrics and Gynecology for which, I am glad to report, the bids finally went out. This will be an increase of space of about 48,000 square feet. This is not very much considering the growth of faculty and the fact that today we are suffering from what you might call "overpopulation".

In contrast to addition in space by new building, we have done a good deal in renovations. There have been very major renovations in pharmacology, molecular biology, pathology and now, cell biology, where actually the Department of Anatomy has provided most of the space so that new work in cell biology can be done.

At a joint student-faculty meeting on May 25 Dean Redlich reported on recent developments at the School of Medicine and also reviewed the five years during which he has served as dean. Excerpts from his talk are quoted below. A similar report by Dean Redlich was given at the meeting of alumni on June 3.

Sometimes I have said jokingly to myself, "When I was the chairman of the Department of Psychiatry I was thought of as an innovator. As a dean I am thought of as a renovator."

One of the most significant things which happened in the last few years was the adoption of a new curriculum. This was not a very radical change. As a matter of fact the curriculum changes were somewhat similar to others throughout the nation. The reason we did not adopt a very radical new curriculum was that we were probably ahead of the others. The Yale system was more flexible than other systems and our students were already treated as mature students. For this reason we did not feel the changes as profoundly as one might think. Probably more important than the curriculum change itself was the attention which the students got. Any new curriculum will engender attention to students. Much of the efforts in this respect are due to our excellent office for student affairs.

Most important changes have occurred in the strength of research in this school. Not only do we have the new departments which I mentioned, we also have brilliant men in the established basic science departments and this has made these departments as good as any in the country today. There is probably none stronger in the basic sciences than our school. This does not mean we have reached a millenium in these sciences. As a matter of fact we still have serious problems ahead of us. But the main power, the strength, is here.

We have not done as well in the behavioral sciences and social sciences, and the application of behavioral and social sciences to patient care. The reason for this was not that this was something that was not close to my heart. As a matter of fact, nothing was closer to my heart. It was because this was much harder to do.

As I look at the clinical departments, I would say that each one of these departments today has much more strength than in 1967. This is true not only in the departments which were here at that time but also in the new departments which were sections before and now have matured to departments—anesthesiology, dermatology, laboratory medicine, neurology and ophthalmology, which are today very eminent departments in our school.

Among the interesting enterprises in the clinical field, I want to mention the trauma program in the Department of Surgery, not only because of the importance of the area itself, but because it has led to very interesting efforts in the allied health field, where an associate physician program has been established. I think this is a way of looking at the future where much of the primary care will be carried out not only by physicians but by high level allied health personnel as well. Another effort on the clinical side which should be mentioned is the work in the computer sciences which actually started only a few years ago.

Our relationship with the V.A. Hospital has become much closer over these years. After some critical periods I can say today that the V.A. Hospital in West Haven is not a Siberia. It is part of one large set-up, serving us extremely well in teaching and research. I predict that this relationship will become even closer in the next few years. A new affiliation which we have established is a meaningful teaching relationship with the Hospital of St. Raphael.

There are new, very interesting health services in this community which did not exist five years ago; the Hill Health Center, the Yale Health Plan and also the Community Health Care Center Plan, which was engineered through the genius of Dr. Falk. Today these are autonomous services; we help them, we assist them, we helped them to pass through advocacy. We are not running them, but we have a promising relationship with them which should, in the long run, help us to do better in health delivery, better teaching and also make some headway in patient care research.

We made some interesting changes in governance of the school, largely through the efforts of a dedicated group of people, particularly Dr. Solnit and Dr. Ritchie. We have today a system of governance which provides more information, more feedback, more cooperation from a larger segment of students and faculty than before. I believe this has worked out quite well. I am particularly gratified with the work of the Steering Committee of the Medical School Council and the Committee on Planning

and Priorities.

Let me say a few words about the budget. Contrary to ideas often expressed, our budget has increased considerably during the past five years. The total budget of the school in 1967 was \$20,657,000. The budget in 1972 is \$36,860,000. Of this there has been a relatively small increase in what we call the hard budget, consisting of tuition and investment income. The research income of the school has doubled, from 12 million to 25 million dollars. The income from practice has increased 2.5 times. This is quite remarkable.

We have raised 14 million dollars new money, in the last five years. Seven million of this went into buildings and 7 million went into faculty positions. This not bad; yet in the future I think we will have to do much better.

More research money could come to the school but this requires more space. More practice money could come to the school—but that will require greater rewards for those who practice. We instituted the so-called "incentive system" a while ago. This incentive system has not led to any real increase in practice; however, it has led to a realization that one has to bill for one's medical services.

I recently investigated what is colloquially called "moon-lighting" on the part of the faculty to try to get some ideas about what is actually happening and spoke with some key members of the faculty. I got some fairly good ideas about the satisfaction of various groups, both scientists and clinicians. In my opinion we should have a tightening of the full-time system, overcoming "moonlighting" as it exists today.

So I think I can point to some achievements. The achievements which I believe were OUR achievements, because no single person can achieve anything of real magnitude. It is constellations of people with leadership that produce these changes. Whatever changes have occurred here have been due to faculty, students, administration and to alumni. So the credit for all of this goes to all of you.

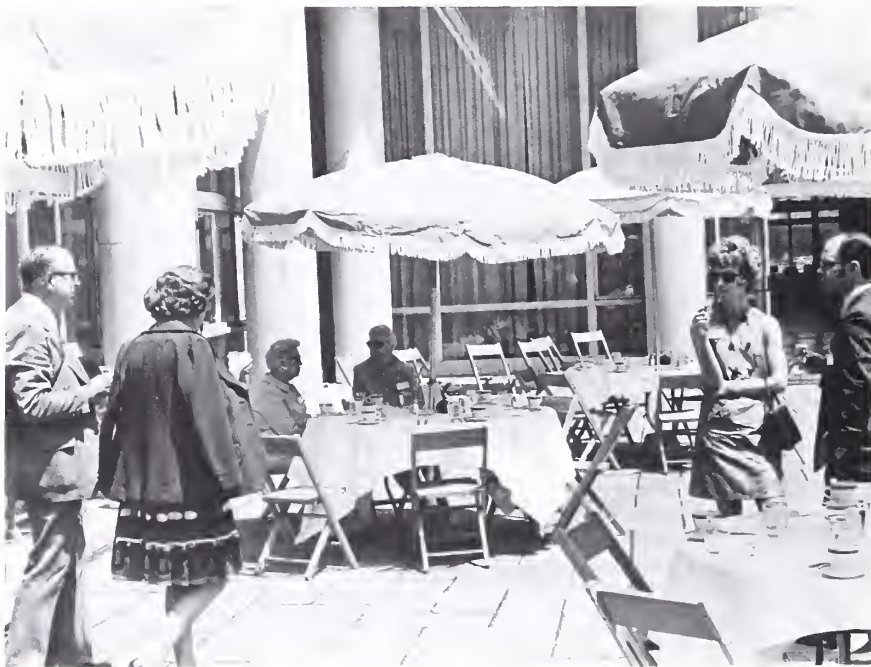
There are more things which need to be done and there are undoubtedly some things which will be undone. So it goes. As I go back now to my academic duties for which I was trained, I wish you well and I thank you.



Where were you on Saturday, June 3? It was Medical Alumni Day at Yale. The weather was perfect, the attendance was good, and many observed that it was the best Alumni Day program in years.

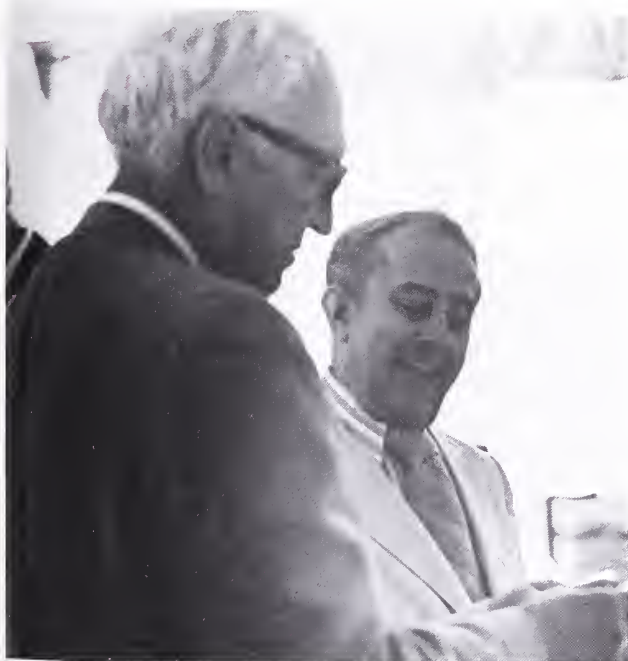
The morning provided a variety of activities beginning with a clinical conference on "The Surgical Management of Coronary Artery Disease." Alumni and faculty participated in three round table discussions on "Allied Health Manpower", "Medical School Admissions", and "Human Genetics".

At the afternoon business meeting of the Association of Yale Alumni in Medicine, President Malvin White extended greetings to the five-year reunion classes and introduced a number of senior alumni including Dr. Anthony Mendillo ('07), Dr. Maxwell Lear ('11), Dr. Robert Scholl ('12), Dr. Ira Hiscock (P.H. '21), and the following members of the 50 year class of 1922, Dr. Maurice Grozin, Dr. Benedict



Harris, Dr. Jesse Harris, Dr. Chester Hurwitz, and Dr. Helen Langner.

On recommendation of the nominating committee, four new members were elected to the Association's executive committee for two year terms; they were Dr. James Dorr ('57), Dr. Malcolm Ellison (H.S. '47), Dr. Edward Flynn ('30), and Dr. Nicholas Spinelli ('44). Dr. White then expressed his appreciation to the following members of the executive committee whose terms expire this year: Dr. Thomas Farthing ('32), Dr. Kristaps Keggi ('59), and Dr. Robert Ollayos ('41).





The Association also elected six members to serve as representatives to the newly constituted Association of Yale Alumni. They were Dr. James Dowaliby ('67), Dr. John Ogilvie ('34), Dr. Michael Puzak ('42), Dr. Louis Silcox ('35), Dr. Rosemary Stevens (P.H. '63), and Dr. Malvin White ('39). These representatives to the A.Y.A. were elected for one year with the understanding that next year there will be an election of six new representatives with two each serving one, two, and three year terms; thereafter two representatives will be elected annually to represent the Alumni in Medicine.



Following a report on the Alumni Fund, Dr. Myron Wegman ('32) was presented with a citation "for his labors on behalf of the University as Chairman of the Medical School Alumni Fund in the Campaigns of 1969-70, 1970-71, and 1971-72." Because of his qualities of leadership, devoted service and inspiration, the Medical School Alumni Fund attained new and record levels in annual giving, nearly doubling its receipts in the three years of his term of office.





From left to right, Drs. Malvin White, Lewis Thomas and F.C. Redlich with Dr. Myron Wegman



Dean Redlich then reported on recent events at the School and also on developments during the past five years. His report to the alumni was similar to the one he presented to the student-faculty meeting in May, which is included in this issue. Following the dean's report Dr. White gave him a framed certificate of appreciation which read as follows: "Presented to F. C. Redlich, M.D., Dean of the Yale University School of Medicine (1967-1972) by the Association of Yale Alumni in Medicine in grateful recognition of his devoted service on behalf of Yale students, faculty, and alumni."

The dean-designate, Dr. Lewis Thomas, was then introduced. He paid tribute to Dr. Redlich and spoke of the accomplishments achieved during his tenure as dean.

The afternoon program continued with a superb, thought provoking talk by Dr. Wegman giving his views on "Medicine and the Public Health-1972".

Dr. Lewis Thomas, chairman of the Department of Pathology, has been appointed Dean of the Yale School of Medicine, effective July 1. He will succeed Dean Redlich, who is completing his five-year term and will return to teaching, research and writing following a sabbatical year.

Dr. Thomas served as dean of the New York University School of Medicine from 1966 until 1969 when he came to Yale as chairman of the Department of Pathology and the Anthony N. Brady professor of pathology. Prior to becoming dean at New York University he was professor and chairman of its Department of Pathology from 1954 until 1958 and of its Department of Medicine from 1958 until 1966.

A member of the President's Science Advisory Committee from 1967 until 1970, Dr. Thomas is noted for his research on infectious disease. He has conducted extensive studies on mechanisms of tissue injury due to infectious agents and microbial toxins, the property of cortisone to lower resistance to infection and the pathogenesis of mycoplasma disease.

Recently Dr. Thomas has played a leading role in efforts to establish priorities for federal funding for health care and medical science. He was a member of the White House panel which studied these questions last year, and this past February he testified before the Senate Committee on Appropriations giving an assessment of the technologies of medical care.

"If I were a policy maker, interested in saving money for health care over the long haul," he said in his testimony, "I would regard it as an act of high prudence to give high priority to a lot more basic research in biologic science. This is the only way to get the full mileage that biology owes to the science of medicine, even though it seems, as used to be said in the days when the phrase still had some meaning, like asking for the moon. . . I do not believe in the biological inevitability of disease. I see no reason to suppose that heart disease is a

natural part of the human condition, and I am convinced that cancer will eventually be entirely curable. I believe that we should be able to rid ourselves of the disabling diseases associated with aging, particularly stroke. My point is that when we are successful in these ventures, the cost of health care will tend to go down rather than up."

Dr. Thomas was born in Flushing, New York. He received his B. S. degree from Princeton University in 1933 and his M. D. degree, *cum laude* from Harvard in 1937. He interned at Boston City Hospital and then served a two-year residency in neurology at the Neurological Institute of New York. In 1941-42 he was a Tilney Memorial Fellow and Assistant in Medicine at Harvard Medical School.

As a visiting investigator at the Rockefeller Institute in 1942 he was assigned to the Naval Medical Research Program. Subsequently, in 1944-45 he served with the U. S. Naval Medical Research Unit Number 2 in Guam and Okinawa. For the next three years Dr. Thomas was assistant professor of pediatrics at the Johns Hopkins University School of Medicine.

In 1948 he went to Tulane University School of Medicine as associate professor of medicine and director of the Division of Infectious Disease. He was promoted to professor in 1950. He then held the American Legion heart research professorship in pediatrics and internal medicine at the University of Minnesota Medical School from 1950 to 1954. Dr. Thomas joined the faculty at New York University in 1954.

His numerous federal government appointments have included membership in the Pathology Study Section of the Public Health Service; the Commission on Streptococcal and Staphylococcal Diseases of the Armed Forces Epidemiological Board; the National Advisory Health Council; and the National Advisory Child Health and Human Development Council.

He was a consultant to the Subcommittee on Research of the President's Committee on Heart Disease, Cancer and Stroke and Chairman of the Narcotics Advisory Committee of the New York City Health Research Council. Dr. Thomas was on the Board of Scientific Advisors to the Massachusetts General Hospital from 1968 to 1971 and is presently on the Board of

Scientific Advisors to Scripps Clinic and Research Foundation and the Sloan Kettering Institute.

He is a member of a number of medical and scientific societies including the Association of American Physicians, the American Pediatric Society, Alpha Omega Alpha, International Academy of Pathology, the American Society for Clinical Investigation and the American Association of Immunologists. He is a Fellow, American Academy of Arts and Sciences and an honorary member of the Societe Francaise d'Allergie. This past spring he was elected to the National Academy of Sciences.

Since coming to Yale Dr. Thomas has become a regular contributor to the *New England Journal of Medicine*, as author of a series of "Notes of a Biology Watcher". The articles combine elements of philosophy, social science and nature with scientific fact. His poetry has been published in *New Yorker* magazine.

The new dean is married to the former Beryl Dawson. They have three daughters, Abigail, Judith and Eliza.

The Nursing School has a New Dean

President Kingman Brewster, Jr. has announced the appointment of Donna Kaye Diers as dean of the Yale School of Nursing, effective July 1.

Miss Diers is an associate professor at the Yale School of Nursing and chairman of the Program in Nursing Research. At 34 she is the youngest dean in the School of Nursing's 49 year history. She will succeed Margaret G. Arnstein who was appointed dean in 1967. Miss Arnstein plans to continue her association with the school in the development of nursing education programs.

In a statement following her appointment Miss Diers said, "Because it is part of the university and medical community, the Yale School of Nursing has an extraordinary opportunity to make dramatic changes in the way health care is delivered and communicated."

"This is a good time for nursing education," she added, "because women have more confidence in their abilities and are seeking means of combining intellectual and scientific knowledge with service. Schools like Yale School of Nursing combine intellectual stimulation with the personal satisfaction of seeing the impact of their learning expressed through practice."

Miss Diers received her B.S.N. degree from the University of Denver in 1960 and her M.S.N. degree from Yale University in 1964. She began her career as a staff nurse at the Yale Psychiatric Institute in 1960 and became an assistant in research in the School of Nursing in 1962. She was an instructor in Psychiatric Nursing from 1964 until 1967, when she became an assistant professor and chairman of the Program in Nursing Research. She was promoted to associate professor in July 1970.

Affiliation with Hospital of St. Raphael

An affiliation agreement between the Hospital of St. Raphael and Yale University was signed on May 11, 1972, completing discussions which were begun in 1969. Although a number of medical students have elected to take medical and surgical clerkships at the Hospital of St. Raphael during the past two academic years and an affiliation was considered to exist between the school and the hospital, the formal agreement was not completed until this spring.

The goals of the hospital in entering into this new cooperative relationship are to maintain high standards of patient care; to maintain high quality education for physicians, house staff and students; to obtain maximum quality of house staff and hospital services; expansion of hospital services, such as laboratory medicine; and stimulation of clinical research.

The school has cited the following as its goals in connection with the affiliation: increase of good quality clinical facilities available for the training of medical students; exposure of medical students to a wider variety of patients and a broader spectrum of patient care; increase in the numbers of clinical faculty of the school in certain specialties; creation of the opportunity to render service to a larger number of patients in connection with the educational and clinical research work of the school; and also support of complex, integrated professional services, such as organ transplantation and dialysis, with a broader base of patients and faculty members.

It is also envisioned by the school that this partnership will result in improvement of the graduate training programs in certain specialties by means of rotation of residents and fellows; improvement of communication and cooperation between the school and practicing physicians of the New Haven area; and advancement in the creation of a regional network of cooperative arrangements among health care institutions, both official and voluntary, looking toward improved education, research, patient care, and community service.

The agreement calls for a cooperative spirit and states, "The Hospital and Yale recognize that although an agreement like this one is necessary for a successful affiliation, it is also necessary that understanding

and sincerity control the many actions large and small taken from day to day if the parties are to achieve not only the common objective of this affiliation but also the institutional goals of each party."

Affiliation with other community hospitals in Southern Connecticut and progress in developing the school's regional activities will be the subject of an article in a forthcoming issue of *Yale Medicine*.

Psychiatric Nursing Institute

Comprehensive health care was analyzed with reference to its political, philosophical and social overtones at the Yale Psychiatric Nursing Institute held in April. This was the third in a series of psychiatric nursing institutes sponsored by the Yale School of Nursing and funded by the National Institute of Mental Health; the first was held in the spring of 1970. Program director for the series is Mrs. M. Angela McBride.

Certain themes permeated the discussion of the 130 participants; these included the following: (1) Racism is both a problem in the nursing profession and a big health problem; (2) Nurses will be involved more and more in the giving of primary health care; (3) Consumers should be educated to monitor their own health needs; (4) How can nursing balance its independent interests with those which are related to the medical profession? (5) Can adequate mental health services reduce the cost of physical care?

This Psychiatric Nursing Institute ended with the reminder that nurses tend to vacillate between feeling overwhelmed by global problems and feeling depressed by intrapsychic concerns, and that they need to work at taking on only what is manageable and responsive to change. In this respect, nursing has some of the same problems that the Women's Liberation Movement has: Increased consciousness is often painful and can be paralyzing, therefore it is essential that anger and frustration be goal-directed. The participants of this conference seemed to think that comprehensive health care is an excellent goal.

New Department will Study Role of Genetics in Human Disease

A Department of Human Genetics has been established at the School of Medicine with Dr. Leon E. Rosenberg, professor of pediatrics and medicine, as chairman. The main thrust of the new department will be the study of normal genetic mechanisms and the use of this fundamental information to understand disease.

"With several important breakthroughs in the past ten years, it is clear that the study of human genetics will become increasingly important during the coming decade and beyond," Dr. Rosenberg said. "The really unique aspect of our department is the broad span of interest from a scientific understanding of the molecular structure and function of the gene to the medical application of such fundamental information in the diagnosis and care of patients with congenital and inherited disorders."

Dean Redlich emphasized the importance of the new department. "From time to time a university and its schools must examine the vitality of its departments. Some ought to disappear and some ought to be created. Now it seems to be an important moment for the creation of a Department of Human Genetics. The scientific and clinical disciplines of human genetics will have, within a short period of time, the most significant impact on the life of the human race. The great talent assembled in this new department, I am certain, will make a most significant contribution."

Because the human genetics program at Yale is interdisciplinary in concept, the department has brought together faculty from the Graduate School as well as the School of Medicine, representing anatomy, biology, molecular biophysics and biochemistry, microbiology, medicine, pediatrics and radiology. In addition the department will have very important interactions with other departments in the School of Medicine, the Graduate School and Yale College.

"The formation of a new department of human genetics with both preclinical and clinical interests is an educational experiment which has certain risks, but the potential for exciting gains far exceeds the liabilities," Dr. Rosenberg explained. "It represents an expansion of a general way of thinking. At Yale there are a considerable number of outstanding faculty and programs which impinge on the field of human genetics but which have operated on a parallel, rather than an integrated basis. This new program will integrate teaching programs for medical students, graduate students and post doctoral trainees and will foster collaborative efforts that will bring important gains to the medical school and to the care of patients."

Dr. Rosenberg is currently chief of the Section of Medical Genetics in the Departments of Pediatrics and Internal Medicine. He was born in Madison, Wisconsin and attended the University of Wisconsin where he received his B. A. degree, *summa cum laude*, in 1954 and his M. D. degree, *summa cum laude*, in 1957. He served his internship at Columbia Presbyterian Medical Center and was assistant resident in medicine there from 1958 to 1959. His career then alternated between the Yale School of Medicine and the National Cancer Institute. He served the institute from 1959 until 1962 as clinical associate and senior investigator, and returned there after a year at Yale as a senior assistant resident.

In 1965 Dr. Rosenberg returned to Yale as assistant professor of medicine and became an associate professor of pediatrics and medicine in 1968. In January of this year he was promoted to the rank of full professor. Dr. Rosenberg was a recipient of the Research Career Development Award for the National Institutes of Health in 1965 and has received a John Simon Guggenheim Fellowship for the year 1972-1973.



The faculty of the new department of human genetics will include Drs. Edward A. Adelberg, Jerome M. Eisenstadt, Thomas D. Gelehrter, Lon D. Hodge, Y. Edward Hsia, Paul T. Magee, Maurice J. Mahoney, William C. Summers, and Sherman M. Weissman.

There will also be important and critical involvement with other faculty including Alan Garen, William H. Konigsberg, Peter Lengyel, Frank H. Ruddle and Carolyn W. Slayman.

Erratum

The Esther A. and Joseph Klingenstein Fund awarded the program funds for significant expansion of basic research activities concerned with the mechanism and control of epileptic processes. In error *Yale Medicine* attributed this generous contribution to the Esther A. and John Klingenstein Fund.

The editors of *Yale Medicine* apologize for the error in the article in the Winter issue.

Three Are Honored

On May 26 a reception was held in the Historical Library at the School of Medicine to honor **Miss Elizabeth Thomson** of the Department of the History of Science and Medicine, who is retiring in June. It was attended by many faculty, students, alumni, friends and associates.

Dr. George Rosen, professor of history of medicine, gave Miss Thomson a gift on behalf of her friends and colleagues. She also received a volume of letters from many who were unable to attend. Dr. Arthur Ebbert, Jr., associate dean, spoke on behalf of the administration and presented a citation from President Brewster expressing Yale's appreciation for over twenty-five years of devoted service to the university and its School of Medicine.



Beginning in 1945 Miss Thomson was on the staff of the Historical Library and worked with the late Dr. John F. Fulton. When the Department of the History of Medicine was established in 1951, she was appointed a research assistant. In 1956 she became a research associate and has continued to hold this position in the expanded Department of the History of Science and Medicine.

This year Miss Thomson is also retiring as editor of the *Journal of the History of Medicine and Allied Sciences*, a post which she has held since 1968. Prior to that time she had served as associate editor.



On the evening of May 11th **Dr. Ira V. Hiscock** was nominated for "President of World Public Health" by friends and colleagues celebrating his 80th birthday at the Hartford Hilton Hotel. Dr. Hiscock is Anna M. R. Lauder professor emeritus of public health in the Department of Epidemiology and Public Health.

The nominating speech was made by Mrs. Sarah B. Hirata, director of Comprehensive Health Planning for the State of Connecticut. It was followed by numerous seconding speeches by "delegates" including Homer Babbidge, president of the University of Connecticut, Robert W. McCollum, M.D., chairman of the Department of Epidemiology and Public Health at Yale and Edward M. Cohart, C.E.A. Winslow professor of public health.

After the speeches there was a rousing demonstration on the floor with straw campaign hats, balloons and many **ELECT IRA HISCOCK** signs which suddenly appeared everywhere.

Dr. Wilbur Johnston ('37) acted as master of ceremonies for the tribute to Dr. Hiscock, which was co-sponsored by the Connecticut Public Health Council and the Connecticut Public Health Association.

Over 100 former students, house officers, and faculty paid tribute to **Mrs. Mildred Fousek** at a reception in her honor on April 21. Mrs. Fousek, director of the Pediatric Bacteriology Laboratory, retired in May after 47 years of teaching in the Department of Pediatrics and of helping care for children in the New Haven Hospital.

Dr. Edward C. Curnen, Jr., Carpentier professor of pediatrics at Columbia University's College of Physicians and Surgeons, and a former student of Mrs. Fousek, made the opening remarks. This was followed by a brief tribute from Dean Redlich who said he spoke in behalf of six deans in praising Mrs. Fousek's teaching and her contribution to the health of children. The six deans during Mrs. Fousek's tenure were Dr. Milton Winternitz, Dr. Stanhope Bayne-Jones, Dr. Francis Blake, Dr. C. N. H. Long, Dr. Vernon Lippard and Dr. Redlich.

Original poetry was also a part of the ceremony. Dr. Nelson Ordway, professor of pediatrics at the University of Oklahoma, and Dr. David Clement, clinical professor of pediatrics at Yale, each read poems they had written to Mrs. Fousek for the occasion.

In addition to several other gifts from former students and colleagues, Dr. Charles D. Cook, chairman of the Department of Pediatrics presented Mrs. Fousek with a check and a book of over 100 letters from former students who were unable to attend the reception.



Faculty Notes

Drs. George A. Silver, professor public health and **Jan A. J. Stolwijk**, associate professor of epidemiology in the Department of Epidemiology and Public Health spoke at a conference on societal problems sponsored by the Society for Industrial and Applied Mathematics. They were among eight speakers at the conference attended by leaders of industry and education held at Arden House, Harriman, New York from June 23 to June 26. Dr. Silver spoke on "Health and Medicine" and Dr. Stolwijk presented a "Critique of World Dynamics".

Dr. Mary E. Swigar, assistant professor of psychiatry, is the recipient of the first American Association of University Women Annual Recognition Award granted by the Fellowships Program of the American Association of University Women and the A.A.U.W. Educational Foundation. The purpose of the award is to recognize and encourage the advancement of academic women relatively early in their careers.

Two members of the Yale School of Medicine Faculty were recipients of the 1972 Francis Gilman Blake Award, given annually to the member of the Yale Medical faculty designated by the senior class as the most outstanding teacher of the medical sciences. At a ceremony on Friday afternoon, May 12, the award was presented to **Dr. Douglas A. Farmer**, associate clinical professor of surgery, who is chief of surgery at the Hospital of St. Raphael, and to **Dr. Howard A. Pearson**, professor of pediatrics and assistant chief of pediatrics at Yale-New Haven Hospital. The award was established in memory of Francis Gilmore Blake, a former dean and professor of medicine at Yale.

Two Yale School of Medicine professors were among 36 person, including President Nixon, honored at the "Race for Life" sickle cell anemia awards banquet in Philadelphia on May 31. **Dr. Howard A. Pearson**, professor of pediatrics, and **Dr. Augustus A. White III**, associate professor of orthopedic surgery, received awards for "outstanding contributions in the field of sickle cell anemia". The banquet, sponsored

by the Philadelphia chapter of the Southern Christian Leadership Conference, launched a drive to raise funds for an international center for sickle cell anemia treatment, research, testing and counseling.

Dr. Theodore Lidz was elected by the American College of Physicians to receive the William C. Menninger Memorial Award for distinguished contributions to the science of mental health at its annual meeting in Atlantic City in April. He presented a paper, "The Nature and Origins of Schizophrenic Disorders" at the meeting.

Dr. John C. Moench, assistant clinical professor of neurology, received the 1972 Benedict R. Harris Award, given annually to the private physician who has contributed most to the first year medical students at Yale-New Haven Hospital. First year students make the selection for the award which was inaugurated in 1967 to improve communication and relations between the House Staff and the Clinical Faculty.

During the first two weeks of April, **Dr. Charles Cook**, Chairman of the Department of Pediatrics, had an opportunity to visit medical care facilities in Morocco and two nutritional research projects in Tunisia. Both countries have a very serious shortage of doctors and medical resources and it is not unusual to see herbs being sold at country fairs by "doctors" in lieu of specific diagnosis and treatment. A complex study of the effect of nutritional supplements on the growth and development of infants of poor families is being initiated in Tunis, which is being funded by N.I.C.H.D. and the Grant Foundation, in part through Yale's Department of Pediatrics.

Dr. Gilbert H. Glaser, professor and chairman of the Department of Neurology was visiting professor of neurology at the National Hospital and Institute of Neurology, Queen Square, London, England, during April. He held rounds and conferences and gave lectures and seminars on his research in epilepsy. He also lectured at the Hospital for Sick Children in London and at Radcliffe Infirmary, Oxford. Dr. Glaser also attended the meeting of the Association of British Neurologists in Cardiff, Wales.

Alan Balsam, M.D.

On March 25 Alan Balsam, assistant clinical professor of psychiatry, died at the age of 44.

Dr. Balsam received his B. A. degree from Harvard College in 1949. He then studied anthropology and comparative religions for one year, following which he worked in Europe with refugees before entering the University of Pennsylvania School of Medicine. He received his M. D. degree in 1958.

He knew then that his life might be a short one, because as a senior medical student he was found to suffer from Hodgkin's disease. Although soon without overt evidence of disease, Alan decided to forego specialty training and devote himself to service as much as possible. He, therefore, undertook a general practice residency at Herrick Hospital in Berkeley after his internship at the University of California Hospitals. He then practiced in Berkeley for three years, feeling rather dissatisfied with the limited care he could provide for the many patients who suffered more from emotional disturbances than from conditions susceptible to medicinal or surgical treatments.

After five years had elapsed, without any recurrence or evidence of disease, he determined to enter psychiatric training. This brought him to Yale as a resident in 1963, and he remained here for the rest of his life, joining the faculty in 1966. In 1971 he entered private practice but continued his teaching and research in psychotherapy. He was preparing a book on the techniques of psychotherapy and its teaching when he died. But most of all he will be remembered for his devotion to, and painstaking care of, his patients as well as students.

Feeling at last confident that his disease had been conquered, in 1968 he married Rosemary Marshall, also a member of Yale's Department of Psychiatry. She survives him together with their only child, Katherine. He is also survived by his parents Dr. and Mrs. Louis Balsam of Carmel, California, and his brother. To them go not only our sympathy but also the assurance that Alan will be greatly missed by the Yale medical community and his patients.

S.F.

1920

Bradford Walker of Cornwall, Connecticut, was honored at the annual meeting of the Connecticut State Medical Society in May where he received a fifty year membership award. Dr. Walker is a past president of the society.

1934

William Willard is taking a year's leave of absence from the University of Kentucky to work at the University of Alabama in Tuscaloosa, where he will serve as dean of the newly developing School of Health Sciences.

Dr. Willard is professor of community medicine at the University of Kentucky and since 1970 has served as special assistant for health affairs to the University president.

1936

George Hahn, who is professor of obstetrics and gynecology at Thomas Jefferson University in Philadelphia, was given a Gold medal Good Citizenship Award by the Sons of the American Revolution in February. Past recipients of this annual award include President Hoover, President Eisenhower, General Patton, and Admiral Byrd. During 1971 Dr. Hahn served as president of the Philadelphia County Medical Society. In a recent letter Dr. Hahn reported that his wife, Cynthia Clock Hawkins Hahn (Yale School of Nursing 1936) had died suddenly in Greece in May 1971. Four of the Hahn's children are in graduate school and the fifth is in medical school.

1940

Paul MacLean, chief of the Laboratory of Brain Evolution and Behavior at the National Institute of Mental Health, was awarded the Karl Spencer Lashley Prize by the American Philosophical Society at its annual meeting in Philadelphia on April 21.

Alvin Merendino was one of several eminent cardiovascular surgeons who participated in a three day course "Operable Heart Disease 1972" presented by the American Heart Association at the Yale School of Medicine in April. He spoke on "Utilization of Deep Hypothermia in Treatment of Infants with Congenital Heart Disease" and showed a motion picture film of this technique. Dr. Merendino is professor and chairman of the Department of Surgery at the University of Washington School of Medicine in Seattle.

1941

The **Dr. George James Scholarship and Fellowship Fund** has been established by the Mount Sinai Medical Center in New York City as a continuing and living memorial to Dr. James, who died suddenly on March 19. Dr. James had gone to Mount Sinai in 1965 as dean of the medical school and also professor and chairman of community medicine. In 1968 he was named president of the medical center, the post which he held at the time of his death.

1945

Isao Hirata, Jr., has been appointed director of the Student Health Service at the University of South Carolina and will assume his new duties at the Columbia campus in July.

1953

Irving Goldberg has been appointed Gustavus Adolphus Pfeiffer Professor of Pharmacology at Harvard Medical School and will head the Department of Pharmacology. This appointment became effective January 1st. Dr. Goldberg, who has been on the Harvard faculty since 1964, retains his title of professor of medicine.

1955

Alan Stone will become professor of law and psychiatry at Harvard University July 1st. He has taught at the Harvard Medical School since 1956 and at both the Medical School and the Harvard Law School since 1966. His clinical and scientific work has ranged widely in psychiatry, with special attention to schizophrenia, suicide, and development of the personality. His scholarly work in law includes the insanity defense, identification of potential of-

fenders, family law and the psychological aspects of legal practice. Since 1969, he has been lecturer in law and associate professor of psychiatry.

1956

George Green, who is now an assistant professor of surgery at New York University and associate attending surgeon at St. Luke's Hospital in New York, participated in an American Heart Association course "Operable Heart Disease 1972" held at Yale School of Medicine in April. He discussed internal mammary-coronary artery anastomosis.

1957

Jack Green, professor and chairman of the Department of Pharmacology at Mount Sinai School of Medicine in New York, has been elected a member of the American College of Neuropsychopharmacology.

Jack Levin spent three months this past spring in England at Oxford University where he was a traveling fellow of the Royal Society of Medicine. Dr. Levin is an associate professor of medicine at the Johns Hopkins University School of Medicine and is working in the Hematology Section.

Melville Roberts has recently been appointed associate professor of surgery and chairman of the Division of Neurosurgery at the University of Connecticut School of Medicine. His new home address is 10 Mountain Spring Road in Farmington.

962

Arter Marshall has been appointed to the newly created post of dean for health affairs at the City University of New York. Dr. Marshall is associate professor of community medicine at Mount Sinai School of Medicine. In his new post he will coordinate the health curricula in all colleges of the City University while continuing as a member of the Mount Sinai faculty.

1964

Richard Saik recently wrote to say that upon completion of his active duty with the Navy at the San Diego Naval Hospital he will join the faculty of the University of California at San Diego as an assistant professor of surgery. He also reported that **Virgil Brown** has been on the staff in internal medicine at the San Diego Naval Hospital.

1965

Phyllis Hurwitz Duvdevani and her husband, **Ilán**, have announced the arrival of **Yael Haya**, who was born on May 17 and weighed 5 pounds 14 ounces. The Duvdevanis live in Palisades Park, New Jersey.

1968

After having served two years in the Army, one year as a battalion surgeon in Vietnam, **Lee Strohl** is now taking his residency in dermatology at the University of Michigan Hospital in Ann Arbor.

Elizabeth Short, a postdoctoral fellow in internal medicine at Yale and an enthusiastic sailor, has been elected vice commodore of the Yale Faculty Yacht Club.

1970

Henry Chessin sent the following news from Okinawa: "Funny thing happened on the way to my residency. Besides being drafted, I am a medical officer with the U.S.M.C. in the Fleet Marine Force in the Pacific. My education has not stopped though. I have now been through Field Medical Service School and Jungle Survival

School and currently, I'm doing advanced work in "MARINE MEDICINE",—my sense of humor is warped, not lost. The greatest advantage of this hard year of duty is the opportunity to travel to very unusual places throughout Asia and the South Pacific. My return to New Haven to see you all is something I anticipate frequently and enthusiastically."

Michael Danzig was selected as recipient of the 1972 Samuel D. Kushian Award given annually to the resident who has contributed the most to patient care during rotation through the Memorial Unit Medical Service at Yale-New Haven Hospital.

1971

Richard Kaufman, now interning at Yale-New Haven Hospital, received the 1972 Samuel D. Kushian Award given to the intern who is judged to have contributed the most to patient care during assignment to the Memorial Unit Medical Service. Selection for this award is made in consultation with the clinical faculty and the nursing service.

House Staff

1961

Chase Peterson, who has served as dean of admissions at Harvard College since 1967, will become Harvard's vice president for development and alumni relations on July 1st. In announcing this appointment in March, Harvard's President Bok said, "We are extremely pleased that Dr. Peterson has accepted this new position. In addition to the duties implicit in his title, he will be one of a small group of key people with whom I consult on a wide range of problems." Dr. Peterson received his B. A. and M. D. degrees from Harvard. Following house staff training and a fellowship in metabolism at Yale, he practiced internal medicine in Salt Lake City, Utah, until five years ago.

1968

Wesley Vietzke, an assistant professor in the Department of Community Medicine and Health Care at the University of Connecticut School of Medicine, has been appointed associate dean for graduate medical education at that school.

Public Health

1947

Cecil C. Sheps was appointed vice-chancellor for Health Services at the University of North Carolina. The vice-chancellor has responsibility for the Schools of Medicine, Dentistry, Nursing, Pharmacy, Public Health and a number of health-related institutes and centers.

1961

Herbert Rubinstein wrote in March to say that, having concluded a three and one half year tour of duty as assistant director of medical clinics at Northwestern University, he accepted a post beginning in January of this year as program representative with the Michigan Association for Regional Medical Programs. His new address is 1111 Michigan Avenue, East Lansing, Michigan 48823.

Internship Appointments

<u>Name of Student</u>	<u>Hospital Name</u>	<u>Type of Internship</u>
Robert David Arbeit	Yale New Haven Medical Center	Medicine
Louis Stephen Batch	L.A. County Harbor General	Family Practice
Daniel Mark Begel	Yale New Haven Medical Center	Psychiatry
Roland Michael Buckley	North Carolina Memorial	Medicine
Edward C. Cartwright	Washington Hospital, D.C.	Rotating
Michael Alfred Catalano	University Kentucky Medical Center	Medicine
Mary Elizabeth Charlson	Johns Hopkins Hospital	Medicine
Michael Lee Charney	Cambridge City Hospital	Rotating
Alan James Clark	Maine Medical Center, Portland	Rotating
Leonard Harris Cohen	Childrens Hospital, San Francisco	Medicine
Philip Lawrence Cohen	Presbyterian Hospital, New York	Medicine
Douglas Reese Cole	Case Western Reserve University	Surgery
Thomas Allen Converse	University Kentucky Medical Center	Rotating
Gloria Cummings	The Bryn Mawr Hospital, Pa.	Surgery
Robert Francis DeBlasi	University Virginia, Charlottesville	Surgery
Sandra Jean C. Deegan	University Colorado	Medicine
Norman Mark Dinerman	University Colorado	Medicine
William H. Druckemiller	University Minnesota, Minneapolis	Surgery
William Frederick Duke	University New Mexico	Surgery
Marc Steven Feller	Maimonides Hospital, Brooklyn	Medicine
John Watkins Foster	Yale New Haven Medical Center	Surgery
David John Francis	San Diego County-University	Medicine
Michael Felix Freshwater	Yale New Haven Medical Center	Surgery
John Pryor Fulkerson	Yale New Haven Medical Center	Surgery
Robert Benson Geehr	University Hospitals, Cleveland	Pediatrics
Robert David Glassman	Cleveland Metropolitan	Medicine
Dorothy Mary Gohdes	University New Mexico	Medicine
Robert Francis Goodman	University Virginia, Charlottesville	Rotating
Andrew Howard Greenhill	University Hospitals, Cleveland	Pediatrics
Bruce Bowen Haak	Grady Memorial Hospital, Atlanta	Medicine
Andrew Edward Hoover	Duke Medical Center, Durham	Pediatrics
Thomas Landes Horn	Chicago Wesley Memorial	Medicine
Vernon Henry Humbert	University Kentucky Medical Center	Medicine
Frederick Herbert Hyde, 3d	Yale Law School	
Richard Joel Inwood	Duke Medical Center, Durham	Pediatrics
Anthony Hewitt Jackson	Bellevue Hospital Center, New York	Medicine
Jesse Bernard Jupiter	University Pennsylvania Hospital	Surgery
Frank Millner Kahr	Mass. Mental Health Center, Boston	Psychiatry
Roy Alan Kaplan	University Kentucky Medical Center	Medicine
John Francis Kelleher	William A. Shands, Florida	Pediatrics
Donald Lawrence Kent	Hartford Hospital	Surgery
John Whitaker Klay	University Pennsylvania Hospital	Surgery
Michael Elihu Klein	Mount Zion Hospital, San Francisco	Medicine
David Lawrence Kneapler	University Chicago Clinics	Medicine
Philip William Lebowitz	Rhode Island Hospital	Surgery
Theodore Michael Levin	Stanford University	Pediatrics
Stephen Aaron Liebhaber	Cleveland Metropolitan	Medicine
Paul Andrew Lucky	Yale New Haven Medical Center	Medicine
Harry Lewis Malech	University Pennsylvania Hospital	Medicine
John Edmund Mayer	University Minnesota, Minneapolis	Surgery
Royal Alfred McClure	Harborview Medical Center, Seattle	Rotating
Ward John McFarland	University Alabama Medical Center	Surgery
Jeffrey Steven Menkes	University Minnesota, Minneapolis	Surgery
Steward Arthur Metz	University Washington	Medicine
Jerome Harris Meyer	Yale New Haven Medical Center	Pediatrics
Jorge Alejandro Motta	Stanford University	Medicine
David Baxter Moyer	Stanford University	Pediatrics
John Patrick O'Grady	Medical College Virginia, Richmond	Rotating
Thomas Henry Ogden	Yale New Haven Medical Center	Psychiatry
Edward Jay Olinger	University Chicago Clinics	Medicine
Marc Barry Osias	Mount Sinai Hospital, New York	Surgery
Peter Joseph Panzarino	Denver General Hospital	Rotating
Robert Mark Pearl	Stanford University	Surgery
John Nicholas Posch	Yale New Haven Medical Center	Surgery
Louis Reik	Yale New Haven Medical Center	Medicine
William Lee Risser	Yale New Haven Medical Center	Pediatrics

<u>Name of Student</u>	<u>Hospital Name</u>	<u>Type of Internship</u>
Richard Spector Robbins	Yale New Haven Medical Center	Medicine
David Hunter Romond	Yale New Haven Medical Center	Surgery
Philip Michael Rothfeld	North Carolina Memorial	Medicine
Michael Rothkopf	Medical College Virginia, Richmond	Medicine
Charles F. Scholhamer	San Diego County-University	Medicine
John Sumner Smolowe	Stanford University	Medicine
Ian Warren Solter	Presbyterian Hospital, New York	Medicine
Earl Dennis Sorgen	William A. Shands, Florida	Pediatrics
John Francis Steege	Yale New Haven Medical Center	Rotating
Frederick David Stockwell	Waterbury Hospital, Connecticut	Rotating
Mary Martin Strauss	Boston City	Medicine
Stanley George Strauss	Stanford University	Surgery
Lawrence Paul Temkin	Yale New Haven Medical Center	Medicine
Philip John Weyman	Case Western Reserve University	Surgery
John David Wright	Harrisburg Polyclinic	Rotating
Michael William Yogman	Yale New Haven Medical Center	Pediatrics
Steven Martin Zeldis	Yale New Haven Medical Center	Medicine

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Cover: Section, Memorial Unit of the Yale-New Haven Hospital, showing new two-floor addition. (See *Psychiatric Unit Opens* . . . p. 15)

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medicine and the public health 1972

By Dr. Myron E. Wegman

The following is the complete text of Dr. Wegman's address at the Yale Medical Alumni Day on June 3, 1972. Dr. Wegman, who is a member of the class of 1932, is dean and professor of public health, School of Public Health, and professor of pediatrics, Medical School, at the University of Michigan.

Health of the public has been a goal of the Yale Medical School since its founding. Nathan Smith had a breadth of view of medicine's responsibility to the total community, although he would probably not have used those words, matching today's boast that Yale is no ivory tower. My attempt at assessment today is in this context.

When the World Health Organization constitution¹ was adopted in 1946 the goal of health as a positive value, not just absence of disease or infirmity, seemed reasonable. Yet in 1972 we still have few ways of measuring health. Physical fitness is a clear-cut ideal but varies enormously among human beings. I happen to like physical exercise and thoroughly enjoy tennis, despite my ineptitude. Others have lived to happy old age with a minimum of athletics or calisthenics. You may recall the story of Yale alumnus Robert Maynard Hutchins who, as a very young, exceedingly busy, President of the University of Chicago, was asked what he did when the urge for exercise came on. He replied, "Very simple. I lie down quickly until the urge passes off."

Perhaps the best way to put our goal is that we seek for every one a sense, in his own light, of well-being, of joie-de-vivre. A friend of mine put it well when he said the real aim of public health workers is to have everyone

die young—as late as possible.

In the absence of precise measures of healthiness we must turn to measures of the absence of disease and postponement of death. There is no need here to rehearse the progress in controlling infectious diseases. Smallpox, diphtheria, typhoid fever, all of which I saw as a medical student at Yale, are essentially unheard of in this country today, and other communicable diseases are infrequent enough that isolation hospitals have disappeared. Nevertheless, a note of warning must be sounded. It is easy to be lulled into false security—the microorganisms are still around. To the extent that we downgrade danger, neglect true eradication programs and relax precautions, we run the risk of catastrophe.

Mortality rates have improved dramatically in 50 years. Maternal mortality has been reduced by 95%, and infant mortality today is 20% of what it was in 1915. Yet this tells only part of the story. A large segment, our black population, experience rates 80% higher than white rates, with no biological reason that can be adduced. Internationally, many countries do far better than we in protecting infants. Countries with a total of 250 million people have lower infant mortality rates than we do and, lest any one think our poor record with our black population explains this, the white rate for Minnesota, one of our very best, is 50% higher than Sweden². A study of postperinatal mortality I carried out recently³ reveals that the U.S. position in mortality after the first week of life, a rate chosen to eliminate any question of differences in reporting, had, despite some improvement, worsened from fourth to ninth place, internationally, in the 1956-1966 period.

But we have made substantial progress, despite all the limitations. Why, then, so much public unhappiness? At the recent

American Medical Association Congress on the Quality of Life, in which I was privileged to participate as a somewhat maverick public healthier, we all could agree that a better life depended on much more than advancing technology, that the benefits technology has produced carry with them complications and difficulties which need to be solved.

Let me illustrate some of our problems of keeping our frame of reference current by retelling an old story, well-known, perhaps, to some of you. Young Johnny, pressed for details on what he had learned that day in Sunday School, reported, "Moses had to lead the children of Israel out of Egypt because old Pharaoh was persecuting them but, since he knew the road was probably under construction, sent his reconnaissance planes ahead. They reported he had to cross the Red Sea so he sent his engineering battalions forward on the double to throw a pontoon bridge across the sea. Just as he had the Israelites on the bridge his scout planes reported by walkie-talkie that the Egyptians were coming up with all their heavy stuff, including Sherman tanks. So Moses hurried his people off the bridge, called in his dive bombers and just as the Egyptian army was in the middle of the bridge, bombed the bridge and all the Egyptians were drowned in the Red Sea." When his open-mouthed mother protested "But Johnny, they didn't teach you that in Sunday School," Johnny answered, "As a matter of fact they didn't, but you never would believe what they did teach us!"

Let's think then in a 1972 frame of reference. A major health consideration, to be sure, not directly medical, is the environment. We are all concerned about pollution but there has been a change in pollution. Not too many years ago our environment was full of the typhoid bacillus, the cholera vibrio, the tubercle bacillus.

Today our concern is with physical and chemical changes, less directly concerned with health; for example, air pollution and pesticides. Smoggy air is uncomfortable and unpleasant, but is not lethal in the same sense as bacterial pollution.

D.D.T. is a terrible problem because once it gets into the food chain it multiplies as it passes around. Yet there is no record of D.D.T. contamination having killed a human being. To say that D.D.T. is bad, because any pollution is bad, and to eliminate D.D.T. from the world, would be to condemn millions of people in many parts of the world to malaria—because, as of now, nothing can take the place of D.D.T. in the program of malaria eradication.

For many years I've told students that Henry Ford was one of the major influences in cutting down diarrheal diseases and reducing infant mortality. When Henry introduced the cheap car he drove the horse out of the city. When he drove the horse out, stables went out. When the stables and their manure piles were out, fly breeding, the major transmitter of shigellosis under those conditions, was cut drastically and the incidence of diarrheal disease dropped precipitously.

This may well be an over-simplification but the basic thesis is, I believe, sound. In 1910 the death rate at all ages for diarrheal diseases was 167 per 100,000. Today the death rate from automobile accidents—an unconscionably high rate—is 25 per 100,000. I am not suggesting a trade-off or that the 25 per cent is in any way acceptable—but let us not be in too much of a hurry to say that there have not been health advances with environmental change.

I have emphasized earlier the need to remind us again and again of the importance of maintaining an interest in communicable diseases, closely related to housing and other aspects of the environment.

Let me say just a few words about nutrition. We've learned a great deal about the science of nutrition. We've learned to keep healthy and yet we have people starving in this country, sometimes because of insufficient food, at other times because of lack of knowledge of how to use food. But study television or newspaper ads and it appears we are most concerned about foods that won't nourish. Just pay a little bit more and

you can eat or drink something that won't provide calories and won't be nutritious and won't do you any good. What a paradox as we worry about our role in the world!

Earlier today, Dean Redlich spoke about the population problem and the medical school's role. This is a universal health problem, and the rapid growth of the Department of Population Planning at our School of Public Health is a reflection of general concern. We know that the resources of this world today could support a population far larger than we now have but, inevitably, some day, we shall come to a finite limit. Furthermore, there are parts of the world today where there is simply not enough food to meet people's needs. Population is a health problem, related very closely to the integrity of the family.

In turning attention to the problem of medical care, I want first to emphasize what I like to call the primacy of prevention. We in public health believe that the prevention of disease ought to be at the center of medicine and medical care. Prevention, however, may be at a number of levels, including general environmental protection, specific measures against communicable disease, early diagnosis and prompt treatment of disease, and rehabilitation. In its classic report, "Health is a Community Affair,"⁴ the National Committee on Community Health Services (the so-called Folsom Commission) made a strong plea that health care be available, accessible, and acceptable for all. In a country like ours, which accepts the concept that health is a right, not a privilege, health care available fifty miles away without ready transportation, cannot be classified as accessible. For a mother who has to wait in a clinic for five or six hours while several other children are uncared for at home, such health care is not acceptable.

The situation is further complicated by the effect of the advancing technology I mentioned earlier, in greatly expanding our armamentarium. The related inevitable increase in specialized techniques has unfortunately been accompanied by decrease in the humanistic approach. It is a strange paradox of progress for at the time I was in medical school the warmth of an approach to the individual person was almost all we could do for a large number of cases. Much of the public concern about medical care in

the past few years has been related to the contradiction that more efficient and more effective specialized care has been provided more impersonally.

To correct this situation will require, I believe, more than producing more physicians or new kinds of physicians. We need to experiment with use of other kinds of health manpower, to encourage everyone working in the health care system, including specialists as well as general physicians, to take an interest in the patient as a total being, not just in his technical needs. Clearly, there are other factors besides technical success in having a satisfied patient.

This is a good point to retell the old story of Mr. Brown and Mr. Jones in London. Brown was so troubled by his obesity that he went to see a Harley Street specialist, who after examination, said Mr. Brown was in such bad shape that he had to take seven pills, one each night and then to return. Mr. Brown went home, took the first pill, went to sleep, dreamed he was shipwrecked on a desert island and as he landed on the island a beautiful native girl smiled at him and beckoned him on. Well, he chased after her all night long but never caught up, waking in the morning drenched with sweat. This went on every night for seven nights. At the end of the week he went back to the doctor and found that he had lost 25 pounds. He was so pleased that he told his equally obese friend, Mr. Jones, to see the same doctor who, as expected, prescribed seven pills, with the same instructions. When Mr. Jones took the first pill he, too, dreamed he was shipwrecked on a desert island, but instead of a beautiful girl there was a band of savages with long knives and they chased him around the island all night long. He, too, woke up in the morning drenched in sweat and at the end of the week he, too, lost 25 pounds.

Just as good a medical result; but a very annoyed Mr. Jones complained to the doctor, "This is discrimination; my friend Mr. Brown had such wonderful dreams and I had such awful ones," to which the doctor replied archly, "Mr. Jones, you must understand—Mr. Brown is a private patient, you're National Health Service." There is more than just a funny twist to the end of that story. What are we going to do about it here in this country?

Obviously, we need more than specialization, but I don't think we can turn the clock back. We need to seek new ways, including better use of the team system, to approach the patient with more understanding.

Finally, I come to the twin issues of costs and planning. There have been sharp increases in unit costs as well as in the proportion of our gross national product going to health care. On the other hand, that hospital costs are over \$100 per diem doesn't bother me at all. In many ways it would be better if the daily cost went to \$250 for, despite real possibility of lowering costs through greater efficiency, the real saving will come as we keep patients out of hospitals that don't really need to be there. We can develop far better systems of ambulatory care as we recognize that a good deal of the time the home is a very good place to take care of patients. The specialized resources of the hospital can then be reserved for the period of an illness for which they are best adapted.

Closely related to the matter of costs is the recent development of comprehensive health planning, of systematic attempts to allocate resources more wisely. The goal is to cover the entire country with a system of regional, so-called "areawide" planning councils, jointly financed by government and private sources—a real public-private partnership. These councils will aim at using resources wisely, to identify shortages and gaps and to fill them, to search out duplication and eliminate it. There is no reason for a community to have two units equipped for open heart surgery when each is busy only one-fourth of the time. There is no reason for neighboring hospitals both having cobalt bombs when one can't possibly be used to full capacity. There are empty hospital beds in this country and there are people crying for beds because their hospitals are too crowded. I mention hospital beds and facilities because that is where we have the greatest experience. But the principle applies to maternal health services, occupational health, environmental protection and many other health fields. We need to improve the gathering of information on health conditions, on health needs and, with involvement of all concerned, to make the necessary choices deliberately, on the basis of knowledge of the facts, not by chance.

The national legislation on which this is based, Public Law 89-749, originated from a number of successful voluntary experiments which suggested that successful planning required that all elements of a community work together—low income consumer, philanthropic organizations, hospitals and medical institutions, private practitioners. Recognizing that the consumer, the recipient of health care, is really the major person in the picture, the law provides that consumers must be in the majority in all decision-making groups. This does not, of course, apply to medical or professional decisions but does apply to choosing priorities, what the consumer's resources will be spent for.

My recent experience as president of the newly established Comprehensive Health Planning Council of Southeastern Michigan is illustrative of some of the problems in pursuing this approach and of some of the social forces involved. Southeastern Michigan's seven counties have almost 5 million people; the three largest automobile makers; the largest single industrial installation in the world, the Ford River Rouge plant; two great unions, the United Auto Workers and the Teamsters; 25 per cent of the population below the poverty level; congested and deteriorated inner city areas along with sparsely settled rural areas. The public-private group that set out to form the Council decided to choose a 100-member organizing committee but it took eight months to agree on 27 names. They finally decided to go with the 27, but since they couldn't agree on a chairman, named two co-chairmen—one from each group. After a series of relatively non-productive meetings there was agreement that it was necessary to have a single chairman. When I was told I had been nominated as chairman, the only neutral, I refused on the spot. The result was the greatest pressure I've ever been subjected to, but I held out until one of the leading politicians called me up and said, "Dr. Wegman, we don't know you very well, but we've checked you out very carefully. The only thing we can find against you is that you're acceptable to the other side." Obviously, I couldn't resist that kind of challenge. I tell the story chiefly to illustrate the atmosphere in which a great deal of the health planning in this country is going on today. In the three years of intensive work in trying to get this

council started, most of the energy has been spent at the political level, in getting people to talk together. The physicians and the industrialists had to learn that low-income consumers are not all wild-eyed monsters because they get up and shriek in meetings. It's a different life style. Some of us speak more quietly and some more shrilly. We have learned by experience that persons of different backgrounds can work together if they start out with a will to do so.

We are only now beginning to get into health planning itself but I am optimistic that, if we are patient with our stumbling and bumbling start, the results will be worth all the effort.

I want to close with a quotation from U Thant, former Secretary-General of the United Nations. "The simple stupendous truth about the developed economies today is that they *can* have, in anything but the shortest run, the kind and scale of resources they *decide* to have. It is no longer resources that limit decision. It is decisions that make the resources. This is the fundamental revolutionary change, perhaps more revolutionary than man has ever known."

We have today the capacity for providing good health for everyone. Can we do it? I think we can.

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excerpt from a very personal story of war

From a book, *12, 20 & 5, A Doctor's Year in Vietnam*, By John A. Parrish, M.D., Copyright©, 1972 by John A. Parrish. Published by E.P. Dutton & Co., Inc. and used with their permission.

I found my seabag and walked toward a big red cross painted on a blast wall next to the airstrip. Just beyond a helicopter landing pad, several white, wooden, one-story structures were grouped at one edge of the airstrip. A sign read, "A Medical Company. Third Medical Battalion. Third Marine Division." Inside the nearest structure a Medical Service Corps (MSC) officer sat behind a metal desk.

"Hi, I'm Doctor Parrish. I'm new here, and I --"

"Oh, yes, you'll have to go over to the Division Surgeon's office to check in. He's the number one doctor for the whole Third Marine Division. I'll get you a vehicle and a driver." He went out the back door of the hut and returned with a marine.

"This driver will take you to the Division Surgeon's office. There you will receive your first assignment. Maybe it will be with us here at A Med. I hope so. Don't forget that military doctors above the rank of lieutenant commander are to be addressed by their rank instead of as 'doctor.' The Division Surgeon is a navy captain. Captain Street."

Somehow, during that monologue, he had managed to light up a cigarette, pour a cup of coffee, and offer me both. "You can leave your gear here. Just put it over in the corner. It will be all right here."

It was a pleasure to put down that seabag. "But on the other hand, you may not be back here if you get assigned to another outfit. Guess you'd better take it with you."

The driver picked up my bag and took

Dr. Parrish is an alumnus of the Yale School of Medicine, class of 1965. In a recent letter he said that *12, 20 & 5* was originally written for his own entertainment and psychotherapy to dispell some very real memories. "The suggestion and pressure for publication came later. At first reluctant to share such a personal story, I finally decided that if sharing my story played any small role in stopping the insanity of the war, then it would be a worthwhile sacrifice."

The New York Times Book Review Section called *12, 20 & 5* "... an honest account of what an ordinary, good man saw, thought and felt." Published this summer, the book is now in its second printing.

This is Dr. Parrish's first full length publication. He also writes poetry, some of which will be published soon in *Harpers* magazine and elsewhere, and he is currently working on a novel.

Dr. Parrish is an assistant professor of dermatology at Harvard Medical School and is doing research in photobiology at Massachusetts General Hospital and teaching dermatology at Children's Hospital, Peter Bent Brigham Hospital and Massachusetts General Hospital.



ut to his jeep.

"Thanks very much," I said, as I left the MSC office.

"Oh, you're more than welcome. Anytime we can help, just let us know. That's what we're here for. The driver will . . ."

He was still talking when the jeep started up and left. We drove into the flat, sandy complex, which had countless rows of identical wood-framed structures with screen walls and tin-peaked roofs. One of them read, "Division Surgeon. Third Marine Division. Capt. Charles S. Street, USN."

Captain Street was in his late forties, prematurely gray, and generally unimpressive. He was addressing seven of my former Camp Pendleton "classmates" when I arrived.

We introduced ourselves and stated our home states and places of training. Any special training beyond internship was listed beneath our names on the blackboard. There were four doctors—straight from internship, one anesthesiologist, one general surgeon, and two partially trained internists. The four without specialty training were immediately assigned to infantry battalions, three of which were out in the field on maneuvers. The remaining four of us were assigned to the hospital company in Phu Bai.

Captain Street walked with us to the hospital compound to show us our new place of work. He was in no hurry. He had spent his entire tour of duty in Phu Bai except when in Da Nang on business. He was going home in eighty more days, and anything that would take up a few hours, or even minutes, was welcome. We were his most recent time passers.

The hospital company was on the edge of the compound situated next to the airstrip. The location not only made it easy to receive casualties, but also placed the hospital directly adjacent to the prime target for enemy mortars or rockets. The airstrip was always an early target during any kind of enemy attack.

The building farthest from the airstrip was a single, wooden "hooch" with a large, mobile, refrigeration unit attached to the rear of the building. Three layers of sandbags protected each side. The sign on the front read, "Graves Registration."

Street did not even slow down as we passed. "This is Graves," he said, as we

walked by the front of the building. "This is the only part of the hospital company completely staffed by marines. From the field, the dead come directly here where they are washed down, identified, and put in the freezer until the next flight south. They are embalmed in Da Nang or Saigon before shipment back to the States. The marines who staff this place are 'grunts' (foot soldiers) who volunteer for this duty, usually because they are cowards. Some are being punished. Others may be mentally ill or may want to be embalmers someday. On a hot, busy day this place smells terrible." Street seemed disgusted not only with the marines who worked in Graves, but also with anybody who would be stupid or inconsiderate enough to get killed on a hot and busy day.

We passed two large portable units that looked like large inflated tubes. "These are the MUST (Medical Unit Self-Contained Transportable) units; one is used as a medical ward, and the other as a surgery ward. The smaller units are attached to the main building. They house our operating rooms. We have six O.R.'s and an X-ray unit. Helicopters land here on the edge of the airstrip, and the casualties go directly to the main casualty sorting area called triage."

As Captain Street was talking, a helicopter settled down beyond us. Several marines ran out from the main building to meet the craft. They were handed a stretcher with a wounded marine, and the helicopter was gone. The stretcher bearers ran past us carrying a big Negro kid. He was completely



nude. His M16 hung over the stretcher handle, and his boots rode between his legs. He was so black that the mud on his skin was light by comparison. He was long and muscular, and his spidery fingers curled tightly around the sides of the bouncing litter. His whole body was glistening with sweat that reflected highlights of the bright morning sun. The sweat on his forehead did not drip. It remained like tiny drops of oil and glue fastened tightly to his skin.

His eyelids were forced widely apart, and his stare was straight ahead into nowhere, seeing nothing, having seen too much. He threw back his head, and his white teeth parted as if he were trying to speak, to curse, to cry. A spasm of intolerable pain wrenched the muscles of his face into a mask

that hid a grinning skeleton beneath. His chest heaved rapidly. The muscles of his steel arms bulged as he grasped the muddy stretcher. A small hole in his rigid abdomen permitted a steady snake of red and brown to spill onto the litter. The fluids created red blacks and brown purples on the green canvas. His left knee was flexed, and his long, uncircumcized penis lay over on his right upper thigh. His left foot arched as his toes grasped for the litter.

As he passed by, he raised his head almost involuntarily. It seemed as if the contracting straps of his neck muscles would tear off his jaw should his head not rise. His neck veins swelled in protest. His mouth began to open, at first for air, but then as a silent plea for help. He extended his dirty hand directly toward me, and I turned to follow him into triage.

Captain Street had not noticed him go by. He was still talking about the compound — something about the marines putting the retaining wall in the wrong place. He was ready to show us triage.

It was a large, open room measuring fifteen by twenty meters. Reinforced on the outside with sandbags, the walls protected floor-to-ceiling shelves filled with bandages, first aid gear, and bottles of intravenous fluids. An unprotected tin roof was supported by four-by-fours. At the time, there were six men lined up on stretchers supported at either end by two lightweight metal sawhorses. Several doctors and corpsmen were quickly, but unexcitedly, working over the wounded. Captain Street was still talking, but I couldn't listen any longer.

On the first stretcher lay a boy whom, earlier in the day, any coach would have wanted as a tackle or a defensive end. But now, as he lay on his back, his left thigh pointed skyward and ended in a red brown, meaty mass of twisted ligaments, jellylike muscle, blood clots, and long bony splinters. There was no knee, and parts of the lower leg hung loosely by skin strips and fascial strings. A tourniquet had been placed around his thigh, and a corpsman was cutting through the strips of tissue with shears to remove the unviable dangling calf. Lying separately on the stretcher was a boot from which the lower leg still protruded.

In the second position a sweating doctor was administering closed cardiac massage

on a flaccid, pale, thin boy with multiple wounds. A second doctor was bag breathing the boy. The vigorous chest compression seemed to be producing only the audible cracking of ribs.

In position three was the boy who minutes earlier had been carried past us. He already had intravenous fluids running into his arm and a bandage was in place over his abdomen. He was vigorously protesting efforts to turn him over in order to examine his back. Positions four and five were occupied by two nude bodies quietly awaiting treatment. Their wounds were not serious. The next few positions for litters were empty. Off in the corner (position ten) lay a young man with his head wrapped tightly in blood-soaked, white bandages. No part of his body moved except for the slow, unsteady respiratory efforts of his chest. He had an endotracheal tube emerging from his nose, and each respiration made a grunting snort. No one was paying any attention to this man; his hopelessly damaged brain was awaiting death.

Captain Street never looked directly at any of the casualties. He showed us the rest of the hospital compound and left us with the hospital commander, a general surgeon who proved to be an intolerable, immature, egotistical, Napoleonic SOB, and an excellent surgeon. I liked him from the very first.

"Welcome to Vietnam," he said.



on the future of medicine

One of the world's leading pioneers in basic cell research will head the School of Medicine's new Section of Cell Biology. Dr. George Palade, winner of a number of prestigious research awards, has been named chairman-designate of the Section of Cell Biology by the Yale Corporation.

The new section, to be established in July 1973, will be supported in part by a \$750,000 grant from The Commonwealth Fund. Dr. Palade will teach in the medical school as a visiting faculty this year while he is involved in the planning of the section.

When the Albert Lasker Basic Research Award was conferred on him in 1966, the citation described Dr. Palade as a scientific leader "who travelled into a new land and became its chief geographer." He is recognized as a pioneer in the use of the electron microscope for cell research. Using techniques developed by himself and his colleagues, Dr. Palade has been able to isolate and analyze the minute substructures of the cell and correlate them with their biochemical compositions and functions within the general economy of the cell.

Dr. Palade has been associated with Rockefeller University since 1946, holding positions as visiting investigator, assistant professor, and associate professor before becoming professor of cytology. The Rumanian born scientist received the M.D. degree from the University of Bucharest in 1940 and became associate professor there before coming to the United States.

He was one of the founders, and for many years an editor, of the *Journal of Cell Biology*. Among the many honors Dr. Palade has received are, in addition to the Albert Lasker Award, the Gairdner Award, the Passano Award, the Louisa Hurwitz Prize and Carnegie-Mellon University Dickson Prize in Science. Dr. Palade is a member of the National Academy of Sciences, the American Academy of Arts and Sciences and several other scientific societies.

Dr. Palade discusses his views on teaching and his research in the following article from a taped interview.

Teaching is part of the scientific endeavor, since the latter concerns not only the advancement of scientific information beyond the level reached at any given time, but also the transmission of scientific heritage from one generation to another. Transmission of knowledge can evidently be carried out through books and other means of publication, but it is best accomplished through personal teaching by (and personal contact with) someone who has considerable relevant experience. In fact, there is no substitute for personal teaching at an advanced level.

As a teacher one should strive to arouse in one's students an active interest in the advance of knowledge, the kind of knowledge that leads to a true understanding of problems under investigation and solves mysteries rather than extend them or render them more baffling. The more students one can influence in this way, the better the results and the greater the satisfaction. Practically anyone who played a role in the development of science, began by having his or her interest in this field awakened by a good teacher. Since most of us are the result of such a process, it is natural to try to continue the cycle.

I have the firm conviction that medical schools should be primarily oriented toward the medicine of the future, for which they have two paramount obligations: the first is to educate physicians, able to practice intelligently and efficiently for 40 to 50 years to come; and the second, which should be considered just as important as the first, is to try to advance the state of medical sciences.

Mastering the medicine of today and responding to demands for better delivery of health sciences are justified goals and commendable reactions, but they should not push out of sight at any time the future of medicine. It is often said that the medical students of today have lost interest in biomedical sciences of the basic, preclinical type. I doubt that this is true; but if it is so, a serious effort should be made to convince them that during their lifetime medicine will be practiced under better conditions than those prevailing today, and that a number of medical problems will have entirely different solutions than those available at present. To work towards these

future solutions, or even to understand them fully when they become available, one needs a good background in basic biomedical sciences, and the time to acquire it is in medical school, before entering clinical training.

The current demands for reorienting medical training mainly towards present needs in primary care are a reflection of the quality of health services available to our communities, especially urban communities. It is natural that society demand improvement if this quality is unsatisfactory—and indeed it is so in many cases. It is also natural that younger members of our medical schools should react with emotion and intensity to the prevailing conditions and try to improve them. It should be realized, however, that delivery of health services to the community is a vast enterprise in which the medical schools are neither the primary nor the most important agents. Even if they would try their best and invested all their resources in this endeavor, they would not be able to solve the many, complex problems connected with delivery of adequate health services. The schools can study ways and means of improving these services. They can carry out the research

needed to achieve this goal; this would be a justified and, in fact, highly desirable activity. They can also establish examples of medical care for other hospitals to emulate, and they can take a special interest in training and exposing their students to the health problems of their communities. But they can not, and should not, try to take over, even in part, the delivery of health services to any community. Attempts to do so would reflect a confusion of purpose which sooner or later is bound to have ill effects.

An active interest in the advancement of medical knowledge is, in the long run, much wiser because new knowledge is bound to affect not only the type of medical care administered at present, but can also solve problems for which today there are no solutions—or at best only partial, unsatisfactory solutions.

Degenerative and mental diseases are the major health problems of our time. We are just at the beginning of the process of understanding these diseases, and of acquiring the scientific base which will eventually provide a rational cure for them. It makes little sense to concentrate exclusively on how to take care of such diseases in terms of our current knowledge, when we know already that this knowledge is terribly deficient.

To understand where we stand in relation to such awesome providers of suffering and losses of all kinds like arteriosclerosis, cancer and major mental diseases, one has simply to remember the case of poliomyelitis before the introduction of the polio vaccine. At that time, large amounts of human energy and resources were expended to provide the best care possible for the victims of the disease. Perhaps this attitude satisfied the immediate physical and emotional needs of the crippled victims, but it did not cure them, nor did it stop poliomyelitis from making new victims every year. The problem was finally solved by basic scientific research which demonstrated that it is possible to raise the poliomyelitis virus in cultured cells, to isolate it, and produce an effective vaccine. That vaccine succeeded in preventing a lot of suffering and saved in the process a good deal of human resources.

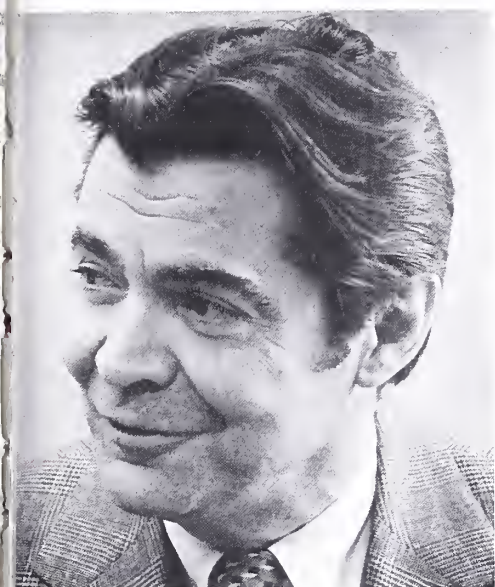
I believe it would be very useful to give

medical students a good introduction to cell biology. To a very large extent, medical problems deal with disturbed cell functions especially in the case of degenerative diseases like atherosclerosis and cancer. It is both logical and profitable to investigate such diseases at the cellular level; to begin by studying and understanding how a normal cell functions; to attempt to decipher then the disturbances introduced by the diseases in question; and finally to find out if and how those disturbed functions can be corrected.

It is important to realize that a substantial body of new basic information has been accumulated in cellular and molecular biology over the past two decades; there are good reasons to assume that this new knowledge can provide a base for a new attack on degenerative diseases. I believe that this attack can be better organized and carried through in medical schools, rather than in universities, because in medical schools the interest in diseased processes is of necessity more direct, more intense and more clearly focused.

In our time, medical schools have the opportunity of producing not only good basic, biological science and at the same time *useful* science for the medicine of the future. If the students, who are an integral part of any medical school, understand this opportunity, I am sure that they will take another look at basic biological sciences. These sciences can provide them with the tools needed for solving the major medical problems of their lifetime.

Finally, in the current debate concerning guidelines for medical education, it is clearly recognized that at least certain medical schools, qualified by their tradition and the quality of their faculty and students, should remain faithful to the time-honored mission of advancing medical knowledge. I definitely believe that Yale qualifies.



reflect, like the latter, the principle of division of labor.

At present we have a nearly complete inventory of the subcellular components which together make a viable cell. We also have a partial inventory of their biochemical constituents. In other words, we know what type of molecules are used in the construction of most cell organs. But to understand fully how they function, we should know the position in space and time of their molecular components at work. We should work out their assembly diagrams. This is the direction in which cellular and molecular biology are moving: the inventories are being completed; the next goal is the assembly diagrams.

The biosynthesis of cell structures is another general topic in which our laboratory has been interested in recent years. Together with Drs. Siekevitz, Dallner, Leskes, Ohad, Hoober and Schor, I have investigated the procedures used by eukaryotic cells to produce additional membranes during growth or differentiation. We learned that cells are expanding preexisting membranes (rather than producing membranes *de novo*), and that new components are introduced serially into the old structures. The procedure reflects the continuity of living systems.

Drs. Jamieson, Scheele, Castle, Tarkoff and I are continuing the analysis of the secretory process in cells producing proteins for export like the cells of the exocrine pancreas and the parotid. So far we have established the roles played by various subcellular components in the synthesis

of secretory products and their subsequent intra-cellular processing. We are now working on the mechanisms involved in the control of the different steps of the process. We would like to elucidate, for instance, the molecular mechanisms involved in the response of the cell to the stimulus which finally leads to the discharge of the secretory product. We would like to understand how the membranes of these secretory cells are constructed and to find out what molecular components are involved in membrane recognition and membrane fusion among the compartments the cell uses to segregate, transport, further modify, store, and finally discharge its secretory products. The cell carries out these operations in a system of channels connected with one another by locks which can be opened or closed, according to a controllable program. It would be interesting to find out in detail how these locks operate, and it would be useful to learn how to control them since they occasionally appear to malfunction.

Drs. Jamieson and Kraehenbuhl are interested in developing immuno-chemical procedures for the localization of products as well as membrane components in eukaryotic cells, at the level of resolution provided by electron microscopy. This is another useful approach for studying the distribution and interaction of various components in subcellular structures.

Finally, with Drs. N. and M. Simionescu we are continuing to work on the structural aspects of capillary permeability. We are using now glycogens and dextrans as particulate tracers (as well as other probes), and we hope to be able to identify the structural equivalents of the pore systems of the physiological literature in different types of blood capillaries.

This summary covers only part of the work in progress at present in our laboratory. I have chosen topics which have reached a reasonably advanced state of development. It should be clear that cell biology can tackle general problems of biological organization—like the structure and biogenesis of cellular membranes—as well as problems of rather obvious importance for medicine—like pancreatic secretion and capillary permeability.

A Summary of Research in Progress

Our laboratory has been interested for a long time in the functional analysis of cell structures, which means that we have tried to understand the function performed by different subcellular components in the general economy of the cell.

Our approach relied first on the identification of cell components by electron microscopy, and then on their isolation in mass by centrifugation procedures, the aim being to obtain cell fractions as clean, i.e., as free of contamination by other cell components, as possible. The isolated components were characterized in terms of their general biochemistry as well as in terms of their enzymatic and biosynthetic activities.

Out of this general approach—which was initiated at the Rockefeller Institute (now the Rockefeller University) by A. Claude many years ago, and which is now applied in many laboratories throughout the world—came the concept of functional specialization at the subcellular level—the idea that the cell has organs and that each of these organs has a well established and to some extent autonomous function. Cell organs are not necessarily comparable to the organs of an organism in the type and details of their function. Nonetheless, they

the physician's assistant



The development of the Physician's Assistant may well be one of the key factors in improving health care delivery in the United States. Many physicians feel that when a national health system is implemented in this country there will be a national health crisis as the "need" for health care becomes a "demand" for health care by law. Since many physicians have chosen the role of specialist and over half of the nation's 1,300,000 trained nurses have dropped out of the profession, they anticipate a tremendous scarcity of health practitioners who will be expected to provide day-to-day care for the majority of Americans who need health care but do not require specialized treatment.

The Physician's Assistant concept, which originated at Duke University in 1965 and now includes over 80 programs in the U.S., trains individuals known as physician's assistants, medex, primex, nurse practitioners and child health associates, to carry out

many of the tasks previously performed only by physicians. This not only enables the physician to focus his attention on those aspects of patient care requiring his special skills and qualifications, it also enables the care of considerably more patients.

The Physician's Assistant has been the subject of a year-long study conducted by three members of the Yale faculty, Dr. Alfred M. Sadler, Jr., his brother Blair L. Sadler, a lawyer, and Ann A. Bliss, a nurse. The Yale study, which culminated in the publication of a book, *The Physician's Assistant Today and Tomorrow*, written by the Sadlers and Mrs. Bliss, was supported by the Association for the Aid of Crippled Children, Inc., the Carnegie Corporation, The Commonwealth Fund, the Josiah Macy Foundation and the Rockefeller Foundation.

The three authors and Paul F. Moson, graduate of the Physician's Assistant program at Duke University, have been involved in the development and direction of Yale's own P.A. program. This program evolved under the auspices of the Trauma Program of the Department of Surgery and is a part of the School of Medicine's general allied health careers program which includes the development of a nurse practitioner program and participation, along with a consortium of area colleges, hospitals, public schools and community organizations, in the New Haven Institute of Allied Health Careers.

The primary focus of the Yale P.A. program is to train personnel who will provide efficient and quality health care in a wide variety of acute emergency situations, as well as routine conditions in the hospital or private practice setting, *under the supervision and control of a physician*. Now in its second year, the program has increased from nine to fifteen students per class, selected from over 450 applicants. At present the program is being kept small so that students and graduates and the impact they are making on health care delivery, can be carefully evaluated. Admissions requirements include a solid background in basic biology and chemistry and substantial previous health care experience in careers such as military corpsman, inhalation therapist, hospital orderly or nurse. Although it is not required, almost all of the Yale P.A. students have baccalaureate degrees.

The 24-month program is divided into two parts. The first nine months are spent primarily in didactic courses. In the following fifteen months the students take part in clinical rotations, which provide them with a variety of practical experiences. During this time they are directly involved in training and patient care, attend conferences and rounds, and participate in special seminars.

There are many obvious advantages to the P.A. program. For one thing, well-trained physician's assistants provide valuable and flexible support to the physician by performing routine patient workups, completing narrative case summaries, and scheduling and explaining diagnostic procedures to hos-

programs who would like to see physician's assistants remain an independent and flexible profession.

To date 23 states have enacted new legislation designed to encourage the employment of physician's assistants. In Connecticut, Public Act no. 717 was enacted into law in 1971 with the aid of Blair Sadler, who is counsel for the Yale program. The new law enables a "physician's trained assistant," as well as a registered nurse or licensed practical nurse, to render service under the supervision, control and responsibility of a licensed physician. This modification of the Medical Act avoids the restrictive effects of state licensure and provides a flexible legal framework for physician's assistants to practice in Connecticut.

The distribution and placement of physician's assistants in areas where they are most needed and can be most effective is another area of concern. According to *The Physician's Assistant Today and Tomorrow*, P.A. graduates will be in great demand until many more are graduated, and relatively few are likely to end up in primary care settings in rural, inner-city and other poverty areas where the need is greatest. The problem is compounded by the fact that the P.A.'s professional role is directly linked to the physicians who are poorly distributed themselves and who are not necessarily

overly concerned with primary and emergency care in poverty areas.

While the concept of the physician's assistant has, in general, been favorably received, some see it as conflicting with the nursing profession. This complex problem is discussed in depth in *The Physician's Assistant Today and Tomorrow*, which lists as chief among the nurses' stated concerns the greater remuneration and responsibility in medical judgement afforded the physician's assistants. The problem of professionalism and the need for interdependent relationships in the entire health profession spectrum is extremely complicated.

In their book the Sadlers and Mrs. Bliss explain the problems and offer some solutions based on their study. In conclusion, they strongly urge that a commission be formed to make a major study of the issues involving all of the allied health professions, with communication and cooperation with appropriate federal agencies and the newly developed Institute of Medicine of the National Academy of Sciences. The primary concern, they insist, should be improved health care for the majority of citizens—not prideful professionalism.



pitalized patients. Thus they are able to extend significantly a physician's ability to provide more comprehensive services to a greater number of patients.

Because the programs have been developed to supplement the knowledge of people with previous health care training, they have provided an opportunity for an advanced career for those who have the desire and capability to assume greater responsibility but who do not have the opportunity or desire to become doctors.

Although the P.A. concept holds great promise for the improvement of health care delivery there are several problems. For one thing, the extent of services to be performed by the physician's assistant has not yet been completely defined or evaluated and varies from place to place and program to program. This problem relates directly to the question of licensing, which is generally opposed by most leaders in the P.A. pro-



THE NEW CLASS

There are no startling or significant changes in the first year medical school class this year. The class numbers 104 students—two more than last year's largest class in the school's history. The number of women enrolled remains twenty—the same number as last year. Twenty minority students were admitted, an increase of five over last year.

Six first year students hold Ph.D. degrees. Most of these students have had post doctoral training; a few have had considerable experience in their field. With an advanced education and a good start in the professional world, why have they elected to return to the life of a student for at least another four years? The general assumption might be that Ph.D. students return because they have found that the M.D. degree offers greater job security and a better opportunity for advancement in rank and salary in this day of economic uncertainty.

None of the Yale students interviewed listed economic or professional advancement as primary reasons for their decision to return to the classroom.

Carl Chungming Chi, who holds a Ph.D. degree from Yale in physiology, completed his post doctoral training in neuro-anatomy at Massachusetts Institute of Technology. Before becoming a first year student in the School of Medicine he was assistant professor of anatomy in psychiatry at the Connecticut Mental Health Center, where he was conducting research in the neuro-anatomy of aggressive cats.

"At the same time I was working on this problem in cats," he said, "similar research was being conducted on the aggressive and violent behavior in prisoners, on the same floor. I became very interested in the research techniques and treatment for human aggression. This type of research with humans requires an M.D. degree."

Dr. Chungming Chi added that he would like to remain in the hospital and medical school setting, teaching and conducting clinical research.

Theodore F. Zipf received his Ph.D. in physics from the University of Michigan in 1958. In 1959 he became an instructor in physics at the University of Rochester. That same year he became a post doctoral fellow and later, assistant physicist at Lawrence Radiation Laboratory, University of California, Berkeley, where he stayed until



1962. In 1962 he became associate physicist at Brookhaven National Laboratory and in 1965 he was appointed physicist at Stanford Linear Accelerator Center, Stanford University, where he stayed until entering the first year medical class at Yale.

"I returned to school to continue my research," he commented.

Mary Lake Polan received her Yale Ph.D. degree in biophysics in 1970 and then did her post doctoral training with Professor Joseph Gall in the Department of Biology and Molecular Biophysics, where she was an assistant instructor and lecturer. During this time she was also a resident fellow and student counselor at Timothy Dwight College. Through this contact with undergraduates she found that she liked to work with people as much if not more than working in the lab. If she became a doctor, she reasoned, she would have the option to work with patients or in the lab.

"The salary and job security factors," Dr. Polan added, "were definitely not involved. With the new H.E.W. rules it is much easier for women with Ph.D. degrees to get good jobs than ever before."

Even though he was temporarily sidetracked, Roger A. Boshes has always intended to take both a Ph.D. degree and an M.D. degree because of his strong interest in academic medicine. He was sidetracked when he became "terribly" excited about genetics as a student in a joint Ph.D.-M.D. program at the University of Chicago. He decided to take his Ph.D. in this field and devote full time to genetic research, foregoing the M.D. training.

With a Ph.D. in biology and biochemistry (in genetics) from the University of Chicago, Dr. Boshes came to Yale where his enthusiasm for genetic research was furthered by working with Dr. Leon Rosenberg, now chairman of the new Department of Human Genetics, and Dr. Alan Garen, professor of biophysics and biochemistry, who is also in the Department of Human Genetics.

At this point, two events changed his mind about not pursuing the M.D. degree. His mother was ill with terminal cancer and being heavily treated with therapeutic drugs. "I had an acute feeling that the people treating her didn't know as much about her treatment as I did, but at the time I was working with flies in the lab. Even

though I understood the relevance of my research I was frustrated by my inability to work with humans. I started questioning my decision not to work for an M.D. degree." Later that year he accompanied Dr. Rosenberg, who had encouraged him to learn more about human genetics, on rounds to see children with biochemical defects. "It was an extremely moving experience," Dr. Boshes said, "to be involved in an area I was working in, in a human context."

These two events, plus contacts with faculty at Yale engaged in both basic science and clinical medicine, crystallized his feelings about returning to school.



Dean Thomas Heads National Cancer Plan Review Committee

Dean Lewis Thomas has been named chairman of a special review committee to study the National Cancer Plan of the National Cancer Institute. The plan, which represents an effort to formalize and nationalize planning involved in this major research effort, is seen by many scientists and administrators as not only a definition of the scientific attack on cancer, but also as a model for other comprehensive attacks against disease.

The review committee which Dr. Thomas heads was appointed by the Institute of Medicine, a branch of the National Academy of Sciences, and consists of nine members including Dr. George Palade, chairman designate of the new Section of Cell Biology at Yale. They are expected to hand in a report on their conclusions about the organization of the plan as well as the priorities it sets by mid-November.

Commencement 1972

In June Yale awarded the Doctor of Medicine degree to 83 students, the Master of Public Health degree to 39, and the Master of Science in Nursing to 24.

The following students received the M.D. degree *cum laude*: Robert Arbeit, Sandra Deegan, Norman Dinerman, John Fulker-son, Dorothy Gohdes, Stephen Liebhaber, Paul Lucky, Jerome Meyer, Louis Reik, Jr., Richard Robbins, and John Steege. Prizes awarded to members of the graduating class were as follows: the Campbell Prize to Louis Reik, Jr.; the Miriam Kathleen Dasey Award to Dorothy Gohdes; the Keese Prize to Stephen Liebhaber, and the Parker Prize to Paul Lucky. In addition the Janet M. Glasgow Memorial Award was given to Sandra Deegan and Dorothy Gohdes. Jeffrey Menkes and John O'Grady received Lange Medical Publications Awards, and Mosby Scholarship Book Awards went to Philip Cohen, Robert Glassman, Robert Pearl, Lawrence Temkin, and Steven Zeldis. John Foster, Jr., received the John F. Fulton Award in the History of Medicine.

Alpha Omega Alpha

The following members of the class of 1972 were elected to Alpha Omega Alpha, honor medical society, in October: David Adler, David Baggish, David Bailey, Bennett Blitzer, F. Sessions Cole, Lee Goldman, Michael Kramer, John Popp, Charles Stroebel, James Sullivan. Members of the class of 1973 elected last spring were: Joseph Connors, George Lister, Robert Sirota, Marc Weinberg, Randall Zusman.

A Follow-up Report on the AIM Campaign

Yale's Alumni in Medicine (AIM) capital fund campaign was launched in December 1967 under the leadership of Dr. Leona Baumgartner, as general chairman, and a cabinet of distinguished medical alumni. The objective was to raise 2.5 million dollars as a first step in a long-range development program.

Active solicitation of alumni throughout the country continued until the spring of 1970 when the AIM campaign officially ended, and on Alumni Day in May 1970 Dr. Baumgartner was able to report that 2.9 million dollars had been received in gifts, pledges, trusts and bequests. Concerning this effort President Brewster said, "The results of the Alumni in Medicine campaign give great heart and boost to all of us working for the Yale-New Haven Medical Center. The participation as well as the dollars ought to convince other constituents that Yale's doctors have both pride and faith in their medical school."

Unlike the Medical School Alumni Fund

which conducts an annual campaign for unrestricted gifts to be used in support of the educational program, the AIM campaign was limited to a period of two and a half years to raise capital funds. It was encouraging to note that the Medical School Alumni Fund annual giving program maintained its strength and a high level of participation during this period. This is heartening evidence of the interest and loyalty of Yale's medical alumni.

Many who gave to the AIM campaign or made pledges chose to designate their gifts for specific purposes such as the support of certain specialties, scholarships or student loans, endowed professorships, or the building fund. Thus contributions can be divided into three categories: (1) unrestricted short term contributions, i.e., to be paid within a set number of years; (2) short term contributions designated for specific purposes; and (3) long term contributions, i.e., trusts and bequests, both unrestricted and designated.

The following table shows the amounts pledged and payments received.

Results of the Alumni in Medicine Capital Fund Campaign

	PLEGGED as of May 1970	RECEIVED as of May 1972
1. AIM contributions (not designated)	\$ 755,025	\$ 563,103
2. AIM contributions for designated purposes—short term	\$ 324,128	\$ 286,601
3. AIM contributions—long term (include unrestricted and designated purposes)	\$1,857,201	\$ 598,781
Total	\$2,936,354	\$1,448,485

Yale's Lung Disease Detection Program— an Environmental Health Project

A specially designed trailer laboratory rolled into the rural Connecticut town of Lebanon early in October to begin a lung disease detection program which will benefit citizens of the community and at the same time provide valuable statistical information on the relation of the environment to obstructive lung diseases such as asthma, bronchitis, emphysema and some occupational diseases.

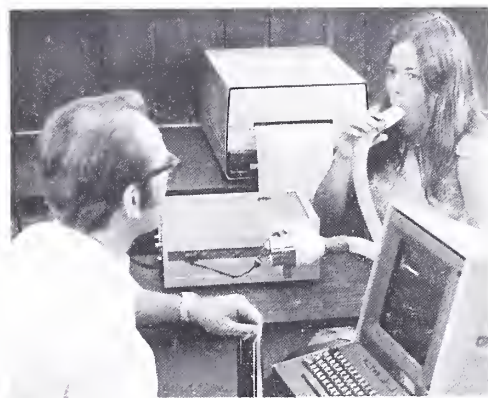
The study, which is being conducted by a team of physicians and research technicians from the Yale University Lung Research Center, will survey residents seven years and older in two Connecticut towns of contrasting pollution levels and population densities. The initial cross-sectional survey, which was developed for population subgroups suspected of high risk of disease, such as smokers and people in certain hazardous occupations, as well as groups without obvious environmental hazards, will be done with standardized, computerized interviews and a simple, painless breathing test. It will take about twenty minutes. In addition, routine measurements of general environmental pollutants in each town will be made by establishing a pattern of air sampling stations.

The results of the interview and the breathing test of each subject will be analyzed for the study by the team physicians at the end of each day. If the results indicate the possibility of a lung problem the individual will be notified immediately and referred to the proper channels for further examination.

Using healthy non-smokers from a relatively pollution free area, the investigators will study the environmental as well as genetic factors in the cause of obstructive lung diseases. They plan to return in two years to re-examine certain sub-groups in both towns to find out how many new cases of obstructive lung disease have occurred in a specific group of people. This will help them to determine the rate of deterioration of lung function over a specific number of years in people who smoke and inhale dust or chemicals regularly, compared to those who don't smoke and who live and work in conditions of low pollution. It is expected

that this data will point out how improved environmental controls can prevent lung disease or at least halt its progression.

Lebanon was chosen as the first site for testing because it is located outside the polluted industrial urban and suburban areas of central Connecticut and has a population small enough to handle, yet large enough for a viable study. Furthermore, most of its residents have lived there all of their lives and thus have a stable environmental background.



The lung disease team plans to remain in Lebanon for at least two months. The second phase of the study is planned for early spring in a town as yet undesignated. It will, however, be a heavy industrial town with a larger population, somewhere in Connecticut.

Dr. Arend Bouhuys, professor of medicine and epidemiology at the School of Medicine and director of the Yale Lung Research Center, and Dr. Charles Mitchell of the Research Center are co-principal investigators of the study which is being conducted under contract with the National Heart and Lung Institute of the National Institutes of Health. The Connecticut Tuberculosis and Respiratory Disease Association is providing volunteer assistance and acting as community liaison for the project. The mobile four-room laboratory, equipped with digital computers and other testing machinery, was specially developed by the Yale Research Lung Center through a grant from NHLI.

Psychiatric Unit Opens on New Tenth Floor of Memorial Unit

A new diagnostic and treatment facility for psychiatric patients was dedicated on June 29th. It replaces Tompkins I, the 12-year-old psychiatric division in the New Haven Unit.

The new facility is a spacious and colorful area occupying three wings on the tenth floor of the recently completed two-floor addition to the Memorial Unit. Each of the three wings provides a specialized form of psychiatric service: a nine-bed neuropsychiatric evaluation unit, a 15-bed short term treatment unit, and a 17-bed intermediate unit.

The neuropsychiatric evaluation unit will provide a rapid and comprehensive diagnostic service. The evaluation team, directed by two psychiatrists, will include two social workers, two nurse clinicians and a psychologist. Evaluations will include individual and family assessment and brief psychological testing, which will take approximately two and a half hours. The information received will be correlated by a senior clinician working closely with the team. It is expected that the majority of these patients will be returned to the referral source with a summary and a list of treatment suggestions. Where the need for further diagnosis is indicated in more complicated cases, the patient will be referred to the continuing outpatient evaluation team or be admitted to the unit for a period of 12 hours up to the maximum stay of four days. Dr. Thomas Detre, professor of psychiatry and psychiatrist-in-chief of the Yale-New Haven Hospital, is director of the neuropsychiatric evaluation division.

The short term, 15-bed unit is reserved for patients who require inpatient treatment and a minimum of resocialization for return to the community. This service will focus primarily on psychopharmacologic and group treatment. The 17-bed unit in the third wing will continue many of the methods used on the Tompkins I unit.

The hospital anticipates a quadruple increase in the number of patients served yearly by the expanded facilities. Last year Tompkins I provided psychiatric treatment to 160 patients.

Lights! Camera! Music! Film Making at SHM

Great moments in medical history have been recorded on film in sound and color by the Communications Media Group of the School of Medicine. Dr. Thomas R. Forbes, professor of anatomy, is producer of two short films specially designed with imagination and skill by Susan Wheeler and William Guth to interest students of medicine and nursing, and others, in the history of medicine. The films were funded by a grant from the National Fund for Medical Education.

John Hunter-Enlightened Empiricist, in an eleven minute sequence of sixteenth and eighteenth century illustrations, scenes drawn specially for the film and original animation, presents Hunter as an anatomist and surgeon. One of his clinical problems is depicted with an animation showing the development of aneurysm. Hunter's study of this condition as well as the plight of his patient, a coachman with a popliteal aneurysm, is described. Hunter, depending on the knowledge he gained of collateral pathways in the leg, decides against leg amputation, the usual treatment at that time. Instead he ligates the femoral artery. The coachman recovers and returns to his work. Hunter's rejection of dogma in favor of anatomical knowledge hard won at the dissecting table exemplifies the eighteenth century's awakening medical empiricism.

Illustrations from *Fabrica* and a portrait of Vesalius which hangs in the Yale Medical Library, combined with narration and sixteenth century music, bring to life the man and his work in *Vesalius, Founder of Modern Anatomy*. In the second century A.D. Galen, a Roman physician tries to understand human anatomy by dissecting apes and pigs. Such is his reputation that his writings are scarcely questioned until the fifteenth century, when Berengario da Carpi corrects some Galenic errors. But it is Vesalius, a Belgian anatomist, who transforms the whole study and understanding

of human anatomy. Unlike his predecessors, he believes only what he can see for himself at the dissecting table, searching always for truth. When he is 22 years old he becomes professor of anatomy and surgery at Padua and is soon lecturing to audiences of 500 or more.

In 1543 Vesalius publishes his great *Fabrica*, the most important textbook of anatomy ever written. Systematically in text and superb illustrations it explores and reveals all of human anatomy. The errors of Galen are replaced with facts. The book is praised, but it is criticised too. Vesalius gives up dissection and becomes a court physician until he is fifty, when preparing to return at last to his studies, he dies during a journey.

In addition to local showings the John Hunter film was shown to the American Association for the History of Medicine in Montreal on May 2, 1972 and both films were shown at the International Congress for the History of Medicine in London on September 6th and 8th, and at the CIBA Foundation in London on September 14th. Prints at \$40.00 each may be ordered by writing to William Guth, Communications Media Group, School of Medicine, Yale University, New Haven, Connecticut 06510.

MEDLINE at the Yale Medical Library

High speed computer retrieval of references to journal articles on specified subjects is now a regular service to users of the Yale Medical Library. MEDLINE, the on-line part of the National Library of Medicine's MEDLARS (Medical Literature Analysis and Retrieval System), compiles the monthly *Index Medicus* and other printed bibliographies, as well as provides delayed custom searches through batch processing of its entire file of citations from 2,500 journals.

The on-line data base of MEDLINE consists of over 400,000 citations from more than 1,000 of the most important of the world's biomedical journals for the latest three or four years. Searching can be done by subject, author, language, publication year, journal title and entry date. Complex combinations of subject terms can be specified to include all aspects of a concept while eliminating unwanted citations, and terms

can be searched in addition to those which appear in *Index Medicus*. The resulting bibliographies are produced immediately unless lengthy, in which case they are delivered by mail within one or two days.

Searching is done at a reference desk in the reading room of the Yale Medical Library on a typewriter terminal which is linked by telephone to a computer at the National Library of Medicine, Bethesda, Maryland. Several dozen libraries across the country may use the system simultaneously. MEDLINE searching is offered without charge to primary users of the Yale Medical Library as well as all Connecticut health practitioners.

New Books by Faculty

Beyond Black and White, by **Dr. James Comer**, associate professor of psychiatry. Quadrangle (New York Times) Books, 1971. The social and psychological dilemmas posed by racism are discussed in depth by a black psychiatrist.

Youth and Dissent, by **Dr. Kenneth Keniston**, professor of psychology. Harcourt, Brace, Jovanovich, Inc., 1971. This collection of essays written from 1960 through 1971 discusses student development and unrest.

The Physician's Assistant Today and Tomorrow, by **Alfred M. Sadler, Jr., M.D., Blair L. Sadler, J.D., and Ann A. Bliss, R.N. M.S.W.** Trauma Program of the Department of Surgery, Yale University School of Medicine, 1972. This study examines the promises and problems of the physician's assistant.

Dr. Casals Joins Team to Fight Fatal Fever in Africa

In response to a request from the government of Sierra Leone, the United States Public Health Service sent a team of six experts to that country in September to fight a new outbreak of Lassa fever. Dr. Jordi Casals, professor of epidemiology and one of the original researchers of Lassa virus disease, is a member of the team. He canceled plans to attend a scientific meeting in the Soviet Union when he received an urgent request to join the team because he had seen at least one case and lived through another.

Dr. Casals survived a near-fatal attack of the lethal disease in 1969 while he was involved in research to discover the Lassa fever virus with Dr. Wilbur Downs and Dr. Sonja Buckley at the Yale Arbovirus Research Center. He was innoculated with blood from another patient who had survived the disease and recovered. Because of this past infection Dr. Casals feels he is now immune to the disease.

Although the Yale team was able to isolate the Lassa virus in only two weeks, many mysteries remain unsolved in this disease which causes fevers of 107 degrees, severe muscle aches and sores in the mouth. It is not known where the virus originated, where and how it is transmitted and how prevalent it is in sub-Sahara Africa, where many natives die without ever seeing a doctor. Because it is so lethal, research on the Lassa fever virus begun at the Yale Arbovirus Research Center is now being carried on in a maximum security laboratory at the Public Health Services Center for Disease Control in Atlanta, Georgia.

The team of six scientists sent to Sierra Leone intend to collect blood, urine and other samples from humans and to trap insects, rodents and other animals to test them for evidence of Lassa fever. According to Dr. Casals, handling human specimens might be risky for those not immune. Dr. Casals is the only member of the team known to have immunity against the fever.

New Faculty Appointments

Newly appointed members of the full-time faculty effective July 1, 1972 include: **Robert Byck, M.D.**, associate professor of pharmacology in psychiatry; **Donald J. Cohen, M.D.**, associate professor of pediatrics and psychiatry (Child Study Center); **Vincent T. Marchesi, M.D.**, associate professor of pathology; and **James C. Miller, Ph.D.**, associate professor of psychology.

Promotions to Professor

The following members of the medical school faculty have been promoted to the rank of professor: **Roy N. Barnett, M.D.**, clinical professor of pathology; **O. Donald Chrisman, M.D.**, clinical professor of orthopedic surgery; **Irving Friedman, M.D.**, clinical professor of obstetrics & gynecology; **Howard Levitin, M.D.**, professor of clinical medicine; **Ruth Lidz, M.D.**, clinical professor of psychiatry; **Joseph S. McGuire, M.D.**, professor of dermatology; **Maxwell Pasternak, M.D.**, clinical professor of psychiatry; **Charles M. Radding, M.D.**, professor of medicine and molecular biophysics and biochemistry; **Leon E. Rosenberg, M.D.**, professor of human genetics, medicine, and pediatrics; **Gilbert B. Solitare, M.D.**, clinical professor of pathology; **Hastings K. Wright, M.D.**, professor of surgery; and **Raymond Yesner, M.D.**, professor of pathology.

Professors Emeriti

At the close of the 1971-72 academic year, three members of the medical faculty were given emeritus titles. Those honored were **Dr. Charles L. Corradino**, assistant clinical professor emeritus of medicine; **Dr. Kirby S. Howlett, Jr.**, associate clinical professor emeritus of medicine, and **Dr. Herman Yannet**, clinical professor emeritus of pediatrics.

Faculty Notes

The Royal Society of Medicine of London has elected **Dr. Dorothy M. Horstmann** an honorary member of the Section of Epidemiology and Preventive Medicine. This is the highest honor which the section, with the approval of the Council of the Society, can bestow. Dr. Horstmann, who is John Rodman Paul Professor of Epidemiology and Pediatrics, joins a distinguished list of honorary members including Sir Christopher Andrewes, FRCP, FRS, Sir Frank MacFarlane Burnet, KBE, GM, MD, FRS, Dr. Alexander Langmuir and Dr. Karl Evang.

Dr. James Roswell Gallagher, clinical professor emeritus of pediatrics, will receive the 1972 C. Anderson Aldrich Award from the American Academy of Pediatrics for his pioneering work in the health care of adolescents. Dr. Gallagher will receive the award, which is given for outstanding contributions in the field of child development, at the academy's annual meeting October 14-19, in New York City.

During the coming months **Dr. Theodore Lidz**, professor of psychiatry, will receive two awards for his contributions to understanding of schizophrenic disorders. On October 18 the New York Psychiatric Institute of Columbia University will present him with the Van Giesen Memorial Award, and on January 25 Dr. Lidz will receive the Stanley Dean Award from the American College of Psychiatrists.

Dr. Francis J. Braceland, clinical professor emeritus of psychiatry, has received the Edward B. Allen Award of the American Geriatrics Society for contribution in regard to diseases of the elderly. Dr. Braceland is former psychiatrist-in-chief at the Institute of Living in Hartford.

Dr. Gerald Freedman, associate professor of radiology, and **Dr. Howard Spiro**, professor of medicine, participated in a special post-graduate course on gastrointestinal diseases in Bogota, Colombia in August. Dr. Spiro also gave the opening lecture of the Second Colombian Congress of Internal Medicine.

A member of the Yale faculty has been given a two-year leave of absence to fill a key post in Britain's campaign against cancer. **Dr.**

Philip K. Bondy, C.N.H. Long professor of medicine, is now in London as visiting Cancer Research Campaign professor and head of a newly-created Division of Medicine at the Royal Marsden Hospital and the Institute of Cancer Research. He will build up and direct a team of scientists and clinicians working together to improve existing methods of treatment and discover new ones. The division's creation in one of the country's leading teaching hospitals and research centers is considered to be of great significance. Cancer medicine is now being recognized in Britain as a discipline in its own right, and this is one of the first senior academic posts in this specialty.

Dr. Kenneth Keniston, professor of psychology, and director of the Behavioral Sciences Study Center, has been appointed chairman and executive director of the Carnegie Council on Children. Dr. Keniston, who will be on leave this year, received an honorary degree, Doctor of Science from Colgate University last May.

Dr. Marshall Edelson, associate professor of psychiatry, has been appointed acting director of the Behavioral Sciences Study Center for the year 1972-1973 and coordinator of the Behavioral Sciences Track Program of the School of Medicine.

Dr. Vernon W. Lippard, dean emeritus, is serving as medical director of the National Fund for Medical Education. Organized in 1949 the National Fund seeks to mobilize new sources of voluntary support for the teaching budgets of the nation's medical schools.

Dr. George A. Silver, professor of public health, has been appointed to serve on the Milbank Memorial Fund's new Commission for the Study of Higher Education for Public Health which "will seek to develop a plan to help meet the nation's needs for knowledge and skill in identifying and understanding those factors which influence the health of the public." The committee will consist of experts drawn from the fields of public health, higher education, public policy and related fields.

Two of **Dr. Martin E. Gordon's** medical teaching films on the clinical aspects of parasitology were shown at the American Gastroenterological Association meeting in Dallas, Texas last May. *The Intruders-Cestodes* and *The Infiltrators-Nematodes* have both received eight national and international film festival awards. They are now being released for distribution by the National Medical Audiovisual Center, Atlanta, Georgia to hospitals and medical schools throughout the country. Dr. Gordon is associate clinical professor of medicine.

August was a busy month for **Dr. Russell J. Barnett**, chairman of the Department of Anatomy. He left for Japan on August 15th and on August 18th he lectured in the Department of Pathology, Gifu Medical School. Next he chaired the opening section of the Fourth Meeting of the International Society of Histochemists and Cytochemists in Kyoto and gave a principal address on the relationship of phospholipid synthesis to membrane biogenesis. From August 28 to 31 he co-chaired with Dr. Kazuo Ogawa, who previously was a visiting professor at Yale School of Medicine, a special meeting sponsored jointly by the National Science Foundation and the Japan Society for the Progress of Science. During this meeting he chaired a session and gave two papers. Finally, he was a participant in an international symposium on lysosomes held at Hakone on September 1 and 2.

Dr. Robert Rubenstein, associate clinical professor of psychiatry, was co-chairman of the Section on Communication and Values at the Fourth International Congress of Social Psychiatry in Jerusalem in May.

Hyman M. Chernoff, M.D.

Dr. Hyman Chernoff, associate professor of clinical medicine, died on August 31, 1972 at the age of 54 of a heart attack. His passing deprives the Yale community of a dedicated physician and an academic scholar. He was graduated in 1939 from Yale and received his medical degree from New York University in 1943. He was an intern and a resident in medicine at the Grace Hospital in New Haven. After serving in the Army he returned to Yale as a postdoctoral fellow and then as an instructor in the Department of Physiology. His major area of interest was in electro-physiology and he co-authored a chapter on the electrocardiogram in Fulton's *Textbook of Physiology*.

In 1950 he embarked on a distinguished career in the practice of internal medicine and cardiology in New Haven. He was known for his compassion and attention to his patients. No problem was too trivial to warrant his attention. No hour was too late for him to see a patient. He brought to clinical problems the same searching mind that he used so well in the investigative laboratory.

In 1967 he returned to full time status at the School of Medicine and Yale-New Haven Medical Center. He assumed the directorship of the laboratory of electrocardiography in the Memorial Unit. Here his teaching abilities flourished and students, interns, residents and colleagues were treated to erudite discussions of the fine points in electrocardiography. He had recently completed a text entitled *Self Assessment in Electrocardiography* and was in the midst of writing a second text.

In spite of his professional commitments, he gave fully of himself to his wife, the former Shulamith Scharfstein, and their six children. We all mourn his premature passing.

L.S.C.

Margaret G. Arnstein

Margaret G. Arnstein, dean of Yale University School of Nursing from 1967 to 1972, died at her home on Sunday, October 8, 1972.

A long time friend of the school and first A.W. Goodrich Visiting Professor in 1958, Miss Arnstein's term as dean culminated a career which has spanned a wide range of activities in education, research and public health, both on a national and international level.

Under her leadership, the School of Nursing opened two additional programs of study at the masters' level, Public Health Nursing and Pediatric Nursing, and received Corporation approval for the establishment of a program in Medical-Surgical Nursing, as well as a new program for the college graduate which will offer combined basic-master's preparation in nursing. Following her retirement as dean in June, she continued as professor of nursing and coordinator for planning of the latter program.

Miss Arnstein's father was a Yale graduate, class of 1896, and her brother Dr. Robert L. Arnstein is psychiatrist-in-chief at the Yale Health Plan. Miss Arnstein herself was a fellow of Silliman College and of Helen Hadley Hall. She was an active participant in medical center, university and community affairs.

Miss Arnstein received her B.A. from Smith College in 1925 and a diploma in nursing from Presbyterian Hospital School of Nursing in New York in 1928. She then earned a Master of Arts degree in Public Health Nursing in 1929 from Teachers College, Columbia University, and a Master of Public Health degree in 1934 from Johns Hopkins University. Her professional career began in New York State, first as a staff member of the Westchester County Hospital and then nurse consultant for the State Department of Health.

In 1937 she moved to the University of Minnesota as associate professor and director of the course in Public Health Nursing. She returned to the New York State Department of Health in 1940. From 1943 to 1945 she was on leave to serve as chief nurse for the Balkan Mission of UNNRA, with headquarters in Cairo.

For 20 years, from 1946-1966, she was on

the staff of the U.S. Public Health Service. Miss Arnstein was assistant to the chief, Division of Nursing until 1949, when she was promoted to chief of the Division of Nursing Resources. During World War II, she set up the first program of federal grants to schools of nursing, the precursor of the Cadet Nursing program. In 1957 she was appointed chief of Public Health Nursing, and 1960, chief of the entire division of Nursing. Following retirement from the U.S. Public Health Service, she served as professor of public health nursing in the School of Public Health at the University of Michigan.

During her distinguished career Miss Arnstein received many honors and awards, including the Lasker Award in behalf of the nursing programs of the Public Health Service in 1955, the distinguished Service Medal of the P.H.S., and in 1965 she became the first woman to be honored with a Rockefeller Public Service Award. She has been a consultant to the World Health Organization and a senior nursing advisor for the International Health Office. She received honorary Doctor of Science degrees from Smith College in 1950 and Wayne State University in 1962.

During her tenure at Yale, Miss Arnstein continued to be recognized for her professional contributions. In October of 1971 she received the Sedgwick Memorial Medal of the American Public Health Association; one of only five women who have received this honor since it was established in 1929. In May of 1972, she received an honorary degree from the University of Michigan. Upon her retirement friends and colleagues honored her with the establishment of the Margaret G. Arnstein Fund to be used for development of the School of Nursing and its programs.

A memorial service was held at Yale's Dwight Memorial Chapel on Friday, October 20. In addition to her brother Robert, Miss Arnstein leaves another brother, William E. Arnstein of New York.

E.G.B.

Louis H. Nahum, M.D.

When Dr. Louis Nahum, lecturer emeritus in physiology, died on July 25, 1972, at the age of 79, the physicians of Connecticut lost a leading teacher; his patients a devoted physician; and Yale one of its most admirable sons. In the evening of his life this modest physiologist, internist and humanist found a proper outlet for his abilities in the editorship of *Connecticut Medicine*. He raised the standard of the journal by persuading guest editors to bring out special issues devoted to a topic of particular interest, but it was his editorials that became required reading for most of the state's physicians. Each issue contained his lucid and succinct reviews of recent developments in medicine, made possible by the depth of his knowledge of physiological medicine, his interest in human problems and social issues, and by the clarity of his thinking. The physicians of Connecticut have been greatly indebted to Dr. Nahum and on April 19 the New Haven Medical Association sought to indicate its devotion by presenting him with a scroll citing him as a "humanist, a physician, a cardiologist, physiologist, a teacher, writer, editor, and friend of the healing arts."

Dr. Nahum was graduated from Yale College in 1912 and from the Yale School of Medicine in 1916. After serving in the Army Medical Corps in World War I, he settled in the practice of internal medicine in New Haven and was soon involved in the study of carbohydrate metabolism helping establish the glucose-lactic acid cycle and the role of glucose in cerebral metabolism together with Harold Himwich. In the 1930s, focusing on cardiology he made various contributions to clinical electrocardiography. He was a member of Sigma Xi, the American Physiologic Society, and a fellow of the American College of Physicians, and of the Scientific Council of the American Heart Association. He became literary editor of *Connecticut Medicine* in 1958 and editor-in-chief in 1961. He continued to teach in the Yale School of Medicine as a lecturer emeritus. He is survived by his widow Stella Korsakoff Nahum; his daughter Harriet, Mrs. Emanuel Rice, and his son Jeremy, a psychiatrist. Contributions in Dr. Nahum's memory can be given to the Department of Physiology, Yale School of Medicine.

T.L.

Max Theiler, L.R.C.P. M.R.C.S.

Dr. Max Theiler, Nobel Prize winning virologist who developed the 17-D yellow fever vaccine, died at his home in New Haven on August 11, 1972. He had been actively at work at the Yale Arbovirus Research Unit in the Department of Epidemiology and Public Health until a month before his death.

Dr. Theiler was born in Pretoria, South Africa, on January 30, 1899. His father, Sir Arnold Theiler, a Swiss veterinarian who served with the Boer forces in the Boer War, was a renowned research worker in the field of veterinary infectious disease. The Onderstepoort Laboratory has a statue of him, its founder, and there young Theiler grew up, later going to the University of Capetown, then to St. Thomas' Hospital, London.

After postgraduate medical studies in tropical medicine in England, he joined the Harvard faculty and was there from 1922 to 1930. The Rockefeller Foundation then engaged him to work on the development of a vaccine for yellow fever. This project, employing techniques of tissue culture before the existence of antibiotics, culminated in the highly successful vaccine now used wherever yellow fever is a threat.

Dr. Theiler continued working with viruses, and most particularly, although far from exclusively, on insect transmitted viruses, and made a series of notable contributions extending over several decades, in the period when he directed the main Rockefeller Foundation Virus Laboratories in New York (now the Yale Arbovirus Research Unit). He remained keenly interested in the epidemiology of insect transmitted viruses.

When the Rockefeller Foundation Virus Laboratories moved to Yale in 1964, Dr. Theiler was appointed a professor, and later became professor emeritus on the Yale faculty.

The several dozen medical students who have been in contact with the laboratory over the past decade found Dr. Theiler a most interested and approachable person, always ready to study a proposal, and to provide friendly criticism, and always interested in watching and discussing the progress and outcome of experiments. Dr. Theiler, for his part, felt that the medical

students he contacted were an extraordinarily promising group of individuals. He treasured the contacts.

For the laboratory group who worked closely with him, the daily contact, discussion, criticism will be greatly missed. His penetrating analyses extended beyond narrow professional fields, to include the fortunes of the Mets, the Dodgers, and the Rangers.

Dr. Theiler is survived by his wife, Lillian, and his daughter, Mrs. Elizabeth Martin of New York.

W.G.D.

Arthur J. Geiger, M.D.

Dr. Arthur Geiger, clinical professor emeritus of medicine, died at his home at Wellfleet, Massachusetts on August 20, 1972 at the age of 67.

Art Geiger had a long and distinguished career as a member of the Yale faculty in medicine. He received his B.A. degree from Cornell and his M.D. degree from Harvard. In 1931 he started his internship at the New Haven Hospital, beginning an association with the Yale School of Medicine that was to span almost 40 years. After an assistant residency in medicine, he became instructor in pharmacology for one year and then returned as instructor in the Department of Medicine in 1934. He soon developed an interest in cardiology and embarked on an investigative career as well as a teaching and clinical service that was to serve as a great inspiration to a legion of students and house officers. He did pioneer work in electrocardiography, fetal electrocardiography, the early treatment of subacute endocarditis with penicillin and was the first to bring cardiac catheterization to Yale in the early 1940's. He was promoted to assistant pro-

fessor of medicine in 1938 and in 1947 he moved to the clinical faculty as associate clinical professor when he began a private consulting practice in cardiology. His second career spanned the period from 1947 until 1966 when the development of severe, disabling coronary artery disease forced his retirement. During this interval he served as a consultant to physicians and hospitals throughout southern Connecticut as well as in the New Haven area. He developed a host of friends among patients and physicians in the state. Few physicians and teachers have left such an impressive mark on the students of Yale and the physicians of Connecticut.

Arthur Geiger was elected to Phi Beta Kappa, Alpha Omega Alpha, and Sigma Xi. He was the first president of the Connecticut Heart Association and, at one time, a director of the American Heart Association. His memberships included The American College of Physicians as well as the New Haven City and County, the Connecticut State, and the American Medical Associations.

Art was the epitome of the compassionate physician. He possessed an unusual kind of personal magnetism which, together with his keen sensitivity to the feelings and problems of others, endeared him both to colleagues and to patients. His warmth and sensitivity made patients extremely responsive to him. He had a gift for discerning the finest qualities and virtues of friends and colleagues which might not be obvious to others. His physician friends felt, therefore, an unusual degree of closeness, and his patients regarded him as much a friend as a physician. His retirement was, ironically, forced by severe angina and he experienced several episodes of life-threatening emergencies during his retirement years. He was as careful a patient as he was a physician but throughout his long period of disability he was courageous and light of heart and possessed such unusual personal resources that his retirement was thoroughly enjoyable.

Dr. Geiger is survived by his widow, Edith Rogers Geiger, a daughter, Mrs. James Spencer, a son, Mr. Harvey Geiger, and two grandchildren, as well as his mother, Mrs. Frank Geiger and a sister, Mrs. David Winter.

H.L.D.

1927

Harry Zimmerman participated in a symposium on "The Education of Tomorrow's Physicians" sponsored by the New York Academy of Medicine in October 1972. Dr. Zimmerman, who is professor of pathology at Albert Einstein College of Medicine, is vice-chairman of the New York Academy of Medicine Committee on Medical Education. Dean Lewis Thomas of Yale also participated in the above mentioned symposium.

Dr. Zimmerman, who made arrangements for the class reunion, commented that the fifteen alumni and guests attending the convocation on June 3rd especially enjoyed the beautiful weather and the class dinner at the Red Coach Grill in West Haven.

1932

Clement C. Clarke, class secretary, had the following comments about the class's fortieth reunion: "Even before the organization of a Medical School Alumni Association our class undertook to renew its ties with their alma mater by making a thing about reunion. In 1952 we had 25 classmates and several wives and children on hand for our 20th reunion. For our 25th we had 21 classmates plus numerous family. Then attrition set in so that we had only ten in 1962, eight in 1967, and now for our 40th this year 7 classmates, 4 wives. In addition, however, the honored speaker of the day, **Dean Myron Wegman** of the University of Michigan, along with his wife visited with most of his classmates at the alumni luncheon but did not make the class dinner. The dinner at the Graduate Club was a pleasant Connecticut shad and roe affair with the following on hand; **Myron Adams** and wife, **Lillias Duncan**; he is den mother of a pediatric group in Kingsport, Tennessee. **Clement Clarke** and wife, **Clare**; he is still in private ophthalmology in New

Haven. **S.P. Humphreys**, an active neurosurgeon in Boston; **Conrad Lam** and wife; he is only slightly phased-out thoracic surgeon of Ford Hospital, Detroit and known for being the "Music Man" of the Franklin Village Band. **Mario Palmieri**, partially retired Connecticut State Public Health worker and general practitioner in Middletown. **Rudolph Vandever** and wife, **Ellen**; he is also a pediatric grouper in Rome, N.Y., and **Roland Wehger**, retired surgeon of Bridgeport, Connecticut.

1936

George A. Hahn sent the following news:

"I have just returned from a trip to Brazil where I served aboard the ship HOPE. Of interest is the fact that **Dr. Jean W. Is**, Class of 1937 Yale, was finishing a pediatric rotation aboard the ship when I arrived. **Dr. Francis Woods**, Class of 1933, and **Dr. Bradford Simmons**, Class of 1939, general surgeons, were working aboard the ship as was **Dr. Thomas Lau**, 1960, a pathologist from Hartford. Service aboard the HOPE is most rewarding in many ways. In addition to my work aboard the HOPE I was awarded a commemorative plaque by the Obstetric and Gynecology Department at the University of Rio Grande deo Norte, Natal, Brazil and was made a member of the State of Alagoas Medical Society in Northeastern Brazil. I also was visiting professor at the University of Rio de Janeiro."

1937

Wilbur D. Johnston sent in this account of the class reunion:

"To a young medical graduate looking forward thirty-five years, it might seem another lifetime, but it appeared in looking backward to be only a passage of a few hours for those members of the Class of 1937 who returned to enjoy the reunion festivities on June 3rd, 1972. We were again impressed by the cordial hospitality extended to all of us and we did enjoy the Medical-Surgical Conferences and the special Round Table discussions which were held in the morning. Nature outdid herself in providing one of the finest June days that I can remember when

attending an alumni reunion. It enabled the alumni to enjoy a sumptuous luncheon served in the Harkness Dining Room with lovely umbrellas on the outside patio for those who wished to chat and eat outdoors with other members of their class. The afternoon program was particularly stimulating and quite appealing as we recognized some of the elder alumni such as Drs. Anthony Mendillo, Maxwell Lear and Robert Scholl. Our President, Dr. Malvin F. White, journeyed from Boston and was most complimentary in his remarks to Dr. Fritz Redlich, our retiring Dean and extended a cordial welcome to Dr. Thomas who will replace Dr. Redlich. Dr. Myron E. Wegman's essay on "Medicine and the Public Health, 1972" was spiced by antidotes and stories, one in particular related to public health contribution by the invention of the automobile and its production by Henry Ford, thus doing away with the horse drawn carriages and the multiple stables of urban life which Dr. Wegman claimed produced so many flies that the enteric diseases were all too prevalent and cost more in the lives of our citizenry then than the automobile accidents do today.

"Specifically as regards the Class of '37 of our forty-four graduates, five have passed away and we pay respect to **Drs. David E. Bigwood, Robert N. Creadick, George J. Epstein, Howard Rollin Ives and Philip S. Owens**.

"Our class was represented by the return of **Dr. and Mrs. Lewis H. Bronson, Dr. T. Dennie Pratt** and his fiancée Miss Ellen Dowdney, **Dr. Albert D. Spicer, Dr. and Mrs. Levin Waters, Dr. and Mrs. William M. Wiepert** and **Dr. and Mrs. Wilbur D. Johnston**. The social hour was a very happy one and acquaintances were renewed among the members of our class, the faculty members, as well as with the members of other classes returning for their reunion activities.

Of particular interest to our class was seeing again other past faculty members such as Dr. Harry Zimmerman. In the evening, cocktails and supper were had at the home of Bill and Betty Johnston and a balmy evening provided a perfect setting for the reminding each other of those oral examinations and other character testing ordeals that the classes of the 1930s seem to have enjoyed, although in some opinions, rather dubiously. Our class was honored by the presence of Dr. and Mrs. Malvin White at our class dinner—Malvin being a younger person of the Class of 1939, was given respected privileges by our class by virtue of his being President of the Yale Alumni Association in Medicine.

Those of us who attended missed our absent members—hopefully we look forward to our fortieth reunion, five years from now in 1977 and so another opportunity for all of us to be together.”

Dr. Johnston also requested that pertinent information concerning any of the members of Medicine '37 be sent to him at 215 Whitney Avenue, New Haven, Connecticut 06511.

Robert C. Horn, Jr., chairman of the Department of Pathology at Henry Ford Hospital, Detroit, and clinical professor of pathology at the University of Michigan, was made president-elect of the College of American Pathologists at its meeting in San Francisco on October 18. Dr. Horn's major professional interests are in the study of diseases of the thyroid and gastrointestinal and cancer. He has also devoted much effort to continuing education programs for pathologists, medical technologists and other clinical laboratory personnel.

1939

Arthur S. Tucker has been promoted to the rank of full professor of radiology at Case Western Reserve University School of Medicine.

1942

Twenty-five members and wives of the class of 1942 returned for the class reunion, including **Dr. Walter Burdette, Dr. Wilson Hughes, Dr. and Mrs. Charles Scholhamer, Dr. and Mrs. Patrick Mullins, Dr. and Mrs. Michael Puzak, Dr. and Mrs. Leo Kellerman, Dr. and Mrs. Samuel Ritvo, Dr. and Mrs. Edgar Taft, Dr. and Mrs. Irving Wolfson, Dr. and Mrs. James Bunce, and Dr. and Mrs. Raymond Zaganiski.** Charles Scholhamer, class secretary reported that, “The reunion dinner was held at Race Brook Country Club and was great. After dinner we all retired to Ray Zaganiski's home to reminisce. Walt Burdette received a gag prize for having come the longest distance. Ed Taft is in administration at Massachusetts General Hospital. Yours truly left the practice of pediatrics in October 1971 to take a full time position with Aetna Life and Casualty Company as Assistant Surgical Director in the Claim Department.” Dr. Scholhamer added that his son graduated on June 12th from the Yale School of Medicine and is now an intern in medicine at San Diego County Hospital.

1945

James D. Gardam has been appointed medical director for Prudential Insurance Company's governmental health programs department. In this new post he will be responsible for the medical affairs in the department's three offices in Millville, N.J., Highpoint, N.C., and Atlanta, Georgia.

Alice Cary of Kyoto, Japan was the subject of a six-page article with color photographs in the July 1972 issue of SCOPE published by Japan Upjohn Limited.

1946

Dr. Martin E. Gordon, associate clinical professor of medicine at the Yale School of Medicine, served as a National Faculty Member for the Third Postgraduate Course in Gastrointestinal Endoscopy held in Dallas, Texas on May 21-22. The course sponsored by the American Society of Gastrointestinal Endoscopy. At the conclusion of the meeting Dr. Gordon was appointed National Chairman of the society Historical Committee. This committee's purpose is to research and catalogue some of the rarest international endoscopic instruments.

1947

Philip H. Philbin, class secretary for the class sent the following comments:

“The 25th reunion of the Class of 1947 was truly memorable. Seventeen members made the trip and all seemed to feel the trip was most worthwhile. From the West Coast **George Barnes, Anton Lethin and Bob Chase** were welcomed. **Amoz Chernoff** made it from Knoxville. **Chuck Mache** came from Buffalo. **Brock Lynch and Bill Thomson** from Massachusetts, **Cannon, Kerin, Machcinski, Breg, Horton and Epstein** from the home state. All seemed to have changed little and everyone appeared robust and healthy. **Bob Newton, Bill Maniatis and Bill Collins** deserve credit for setting up a great party on Saturday night. In the afternoon an interesting program was set up at the school. That evening at the home of Bill Collins, a delightful large home with a beautiful patio and garden, a very prolonged cocktail party preceded a steak dinner. During the cocktail hours a music group circulated and stimulated a bit of impromptu choral renditions which at that time would seem a challenge to the Warin Organization. After dinner, Bill Maniatis presented color slides of past reunions, provoking comments, not all of which were complimentary. The evening was delightful in every way. Puzzling, however, was the absence of many living relatively near New Haven. We all agreed to make it to the 30th and everyone vowed to encourage those absent to make an effort to attend. It is honestly well worth the time and any inconvenience involved.”

1948

Ierold Griffith, professor of surgery and chief of Division of Plastic Surgery at Northwestern University Medical School, has been elected secretary of the American Society of Plastic and Reconstructive Surgeons and associate editor of *Plastic and Reconstructive Surgery*, the journal of the society.

1950

Malcolm Bagshaw, professor and director of the Division of Radiation Therapy, has been appointed chairman of the Department of Radiology at Stanford University School of Medicine. Dr. Bagshaw succeeds Dr. Henry S. Kaplan, chairman of the department for 23 years, who has resigned to devote himself to teaching and research activities.

Sidney Lee, associate dean for hospital programs at the Harvard Medical School and clinical professor of hospital and medical care administration on the Faculty of Public Health at Harvard, has resigned those posts to accept an appointment as associate dean (community medicine) in the McGill University Faculty of Medicine. He will continue his relationship with the Harvard Medical School as consultant to the dean of the Faculty of Medicine through June 1973.

1951

Daniel Freedman has been reappointed chairman of the Department of Psychiatry in the Division of Biological Sciences and the Pritzker School of Medicine at the University of Chicago. In addition he is a board member of the recently formed Drug Abuse Council, Inc., and a director of The Social Services Research Council. Dr. Freedman also serves as chairman of the American Psychiatric Association's Drug Abuse Commission and is editor-in-chief of the *Archives of General Psychiatry*.

1952

The following report of the class reunion was received from **Harvey L. Young**, class secretary:

"The class of '52 members enjoyed a memorable evening at the Midtown Motor Inn, June 3rd. **Lou** and **Camille Mattie** again arranged a dinner we will long remember. **Mo Bogdonoff** presented a discussion on the REVIVAL OF A MEDICAL SCHOOL IN CHICAGO vs. "us old docs" that was productive of both laughter and thought. **Jack Royce** recorded in color the appearance of all present. Those attending the reunion activities were: **Seth Abramson, Karel Absolon, Lou** and **Camille Mattie, Ken** and **Emily Bartels, Mo Bogdonoff, Joyce** and **Ray Duff, Barbara** and **Frank Coughlin, Dick Floyd, Jean** and **Bill Klatchko, Peggy** and **Jack Roberts, Jack Royce, Joan** and **Jim Luce, and Hilda** and **Harvey Young**. It was resolved for our class to meet again in New Haven in 1977 and to make every effort to present the Medical School with a 1977 contribution of \$25,000 for the Yale Medical School Alumni Fund.

1956

William O'Brien has been promoted to the rank of professor in the Department of Internal Medicine at the University of Virginia School of Medicine.

1957

Mrs. Gilbert F. Hogan, whose husband was in charge of arrangements for the class reunion, sent the following report:

"We had, I think, a fun evening. Twenty-nine members of the class for cocktails and dinner at the Lawn Club, including: **Dr. and Mrs. Tom Danaher, Dr. and Mrs. Ronald Fishbein, Dr. and Mrs. Cliff Reifler, Dr. and Mrs. Ray Phillips, Dr. and Mrs. Ben Forsyth (Dr. Liz Held), Dr. and Mrs. William Kissick, Dr. and Mrs. George Nelson, Dr. and Mrs. Warren Johnson, Dr. and Mrs. Donald Stahl, Dr. and Mrs. Carl Brinkman, Dr. and Mrs. Gil Hogan, and**

Dr. Robert Fishbein. After a pleasant evening at the Lawn Club most of the guests joined us for beer, etc., back at our house in Woodbridge. As a whole, the evening was a successful one."

1959

David Skinner has been appointed Dallas B. Phemister professor of surgery and chairman of the Department of Surgery at the University of Chicago. Dr. Skinner, who is the first incumbent of this new chair at the university, was previously a professor of surgery at the Johns Hopkins University School of Medicine.

1960

Thomas Lincoln has announced his marriage to Mdm. Catherine Delapree in London, England on the 30th of May.

1962

Ann Brace Barnes was recently promoted to assistant clinical professor of obstetrics and gynecology at Harvard Medical School.

Michael Alderman, Class secretary, reported on the reunion:

"The tenth reunion of the Class of 1962 was held with the dash and decorum appropriate to the status of its members. **Dick** and **Peggy Pschirrer** gamely assisted **Linda** and **Tom Dann** in assembling the vast quantities of food and liquor that provided the background for a grand evening at the Dann's North Haven home. At this time basic commitment to either academic life or private practice seems about even. After dinner, each of the 14 class members in attendance regaled his colleagues with tales of himself and others of whom they had knowledge. **Dick Collins** and **Spencer Brody** were particularly effective exponents of rural private practice, while **Fred Anderson** seemed well satisfied with his work as a

pediatrician in the New Haven group practice. **Arnold Eisenfeld**, **John Gorman** and **Dick Pschirrer** are still firmly enmeshed in our Alma Mater, with **John Godley** hovering nearby in uncertain alliance. **John Harrington**, **Dave McConnell**, **Fred Cantor** and **Mickey Alderman** remain wedded to academia, while **Steve Matyszewski** and **Dave Seil** are enjoying private practice. All hands agreed that another comprehensive class newsletter was in order, to which I hope you will contribute in detail later this fall."

1963

Peter Verveer Tishler has been made an assistant professor of medicine at the Harvard Medical School.

Craig Llewellyn, now a lieutenant colonel in the Army Medical Corps, has been selected to receive the 1972 John Shaw Billings Award given by the Association of Military Surgeons of the United States for outstanding ability in executive medicine. This award honors the memory of Lieutenant Colonel Billings, whose contributions to executive medicine and to medical bibliography resulted in the founding of the Index-Catalogue.

Colonel Llewellyn was assigned to Walter Reed Army Institute of Research (WRAIR) in 1969 as senior resident in General Preventive Medicine. He completed his training in 1970 and was certified by the American Board of Preventive Medicine in 1971. In 1970 he became chief of the Department of Epidemiology, WRAIR and Chief of the Epidemiology Consultation Service (EPICON). Activities within the Department of Epidemiology and Division of Preventive Medicine include: conducting postgraduate training in Tropical Medicine, conducting the U.S. Army General Preventive Medicine program; independent research in the epidemiology of communicable disease, drug abuse, psychiatric illness, and chronic disease; provision of epidemiologic consultation service to the Army world-wide, and other agencies of the U.S. government and international agencies. Colonel Llewellyn's recent assignments have included service as special assistant to Dr. Jean Mayer, director of the White House Conference on Food, Health and Nutrition; consultant to the

Government of Peru for disaster relief operations following the 1970 earthquake; consultant to the Pan American Health Organization in the trans-Amazon area of Brazil 1971 and 1972.

As secretary and Alumni Fund representative for the class of 1963, Dr. Llewellyn requests that any members of the class wishing to contribute news items can send them to him addressed as follows:

LTC Craig H. Llewellyn, MC
Chief, Department of Epidemiology
(EPICON)
WRAIR
Walter Reed Army Medical Center
Washington, D.C. 20012

1964

The Harvard Medical School announced recently that **Sigrid Lemlein Tishler** has been promoted to assistant professor of medicine at Beth Israel Hospital in Boston.

Norman Fost holds one of the two fellowships in medicine, law and ethics awarded by the Joseph P. Kennedy, Jr., Foundation. This fellowship will enable Dr. Fost, who has been an assistant professor of pediatrics at Johns Hopkins, to study and do research in ethical and legal issues in pediatrics under the auspices of the Harvard Interfaculty Program.

1966

Clarence Sasaki has been awarded first prize in the resident research competition sponsored by the American Academy of Ophthalmology and Otolaryngology for a study entitled "Laryngeal Abductor Activity in Response to Varying Ventilatory Resistance" This work was carried out in the laryngology laboratory at Yale under the direction of Dr. John A. Kirchner, professor of otolaryngology, and Dr. Kiroyuki Fukuda, research associate. The presentation of the award was made in Dallas, Texas at the annual Academy meeting in September. Dr. Sasaki is currently resident in otolaryngology at the Yale-New Haven Medical Center.

1967

Brian Rigney has been appointed chief of obstetrics and gynecology at the Hospital St. Raphael in New Haven. He is the first full-time chief of this service.

House Staff

1954

Paul Hoeprich is the editor of a new book *Infectious Diseases*, a guide to the understanding and management of infectious processes with 89 contributors. Dr. Hoeprich is professor of medicine and pathology and chief of the Section of Infectious and Immunologic Diseases at the University of California School of Medicine in Davis.

1969

Robert Capizzi returned to Yale in July 1972 as an assistant professor of medicine and pharmacology in the Oncology Section. Prior to this he was a major in the Army Medical Corps assigned to the Biomedical Laboratory at Edgewood Arsenal in Maryland. At the time of his discharge he was awarded the Meritorious Service Medal for having established a chemical mutagenesis program for the Army.

At Alumni Day, on June 3, I had the great privilege of reporting another successful year and a new record for the Yale Medical School Alumni Fund. I can now report to all of you that the grand total we have collected is \$137,860.51. Indeed, we have passed another milestone in that, with the 1972 receipts, the total amount collected for the [Yale] Medical School Alumni Fund since its inception has now passed the million dollar mark.

To say that I am pleased by all this is a gross understatement. To my distress, however, there seems a tendency to give the Fund Chairman credit for an accomplishment which all of you know very well really depends on the effort of those of you at the grass roots level who are working hard to collect individual contributions. It is for this effort that I thank you on my own behalf and on that of all of the Fund officials and staff.

There is still a small twinge of disappointment for all of us in another slight drop in percentage participation. Some of this was due to expressed disenchantment with Yale policies, to my mind an unfortunate way to respond, in the light of other avenues to make disagreements known.

You would have been pleased to have heard the words of gratitude both from the retiring Dean, Dr. Redlich, and the incoming Dean Dr. Thomas, for what the Yale Medical School Alumni Fund means. For my own part, I am proud to have been able to help as one way of expressing my continuing gratitude. I wish you all the best of luck in the future. May each future year continue to be a record breaker.

On a personal note, I want to thank you once more for the privilege of serving in this way and to ask all to give Dick Breck the splendid support I have enjoyed.

Myron E. Wegman '32, Chairman, 1969-72

In accepting the Chairmanship of the Yale Medical School Alumni Fund I realize only too well that the shoes left vacant by Myron Wegman are indeed giant ones.

As alumni we contribute for reasons of nostalgia, a feeling of gratitude for all that Yale medicine has meant to us personally and professionally. Some give because they are deeply involved in the cause of excellence in medical education at Yale.

So, obviously, I need your help to fill these shoes as we launch the campaign of 72/73. The challenge of last year's successful team effort is a great one. Naturally, I hope we will establish a new record in the amount we can turn over to the medical school and its new dean.

Richard W. Breck '45,
Chairman, 1972-73 campaign

Fund Officers for the 71/72
Annual Giving Campaign

Myron E. Wegman '32, Chairman
Richard W. Breck '45, Vice Chairman
Nicholas P.R. Spinelli '44, Vice Chairman for Regions
John B. Ogilvie '34, Special Gifts Chairman
Joseph Axelrod '51 MS, Vice Chairman for Public Health
William Druckemiller '39, Parents Chairman
J. Roswell Gallagher '30, Bequest Chairman

Campaign Results
July 1, 1971—June 30, 1972

Total amount received	\$137,860
Alumni—M.D.	108,090
Public Health alumni	3,626
House staff alumni	1,832
Parents	24, 312
AMA—ERF	2,503
Number of contributors	1,962
Alumni—M.D.	1,612
Public Health alumni	165
House staff alumni	67
Parents	93
AMA—ERF	78
Percent of participation, M.D. only	57%

Leading Regions—1971-72

Region	%Participation
Chairman	
San Bernardino-Riverside	93%
T. Philip Loge '43	
Lower N.Y. State 1950-56	92%
William V. Lewit '56	
Hartford, Ct. 1928-36	91%
Daniel F. Harvey '33	
Lower N.Y. State 1906-32	88%
Ferdinand C. Kojis '28	
Washington, D.C. 1963-66	88%
Muriel DuBrew Wolf '66	
New Haven 1940-49	85%
Lycurgus M. Davey '43	

Leading Classes—1971-72
Class Agent

Amount
1935 James Q. Haralambie \$8,979
1934 Frederick Beck 6,787
1933 Lee E. Farr 5,670
1946 Julian A. Sachs 5,470
1941 Charles B. Cheney 3,249

Class Agent %Participation

1967 James M. Dowaliby 86%
1950 Archie J. Golden 77%
1942 Walter J. Burdette 74%
1959 Lincoln T. Potter 73%
1944 Nicholas P.R. Spinelli 71%

Region	No. in Region	Amount
Chairman		
Philadelphia, Eastern Penna.	54	1,272
Elihu Friedman '54		
Virginia, West Virginia	47	980
William Monroe '41		
San Bernardino-Riverside	14	945
Philip Loge '43		
Lower N.Y. State 1906-32	16	885
Ferdinand C. Kojis '28		
Michigan	35	835
Edward A. Krull '52		
Northwest Connecticut	41	810
Henry H. Blansfield '47		

YALE MEDICINE

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New Haven, Connecticut 06510

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Mr. Stanley D. Truelson, Jr.,
Librarian, Medical School.

